

## A GENDA

## BOARD OF TRUSTEES MEETING

Thursday, November 12, 2009, 6:00 p.m.
Hilton Garden Inn, Sego Lily Room
1731 S. Convention Center Drive, St. George, UT

6:0	Dinner Provided	
6:30	Call to Order and Welcome Attendees	Kay Blackwell
ITEN	ACTION	
$\sqrt{1}$	Excuse Board Members Absent	Kay Blackwell
2	Approval of October 15, 2009 Meeting Minutes	Steve Wall
4	Review/Approve Tentative 2010 Budget	Johnnie Miller
5	Workers' Compensation Fund Proposal	Blake Green
6	Set Date and Time for Closed Meeting to Discuss the Purchase, Exchange, or Lease of Real Property	Kay Blackwell
7,	Action on Real Property Matters	Kay Blackwell
8	Set Date and Time for Closed Meeting to Discuss the Pending or Reasonably Imminent Litigation	Kay Blackwell
9	Action on Litigation Matters	Kent Sundberg
10	Set Date and Time for Closed Meeting to Discuss Character, Professional Competence, Physical/Mental Health of an Individual	Kay Blackwell
11	Action on Personnel Matters	Kay Blackwell
12	Ratify/Approve Payments and Credit Card Transactions	Steve Wall
	INFORMATION	
13	Nominating Committee Report	Kay Blackwell
14	Chief Executive Officer's Report	Johnnie Miller
15	Other Business	
	Adjourn	Kay Blackwell



# BOARD OF TRUSTEES MEETING MINUTES

November 12, 2009, 6:30 p.m. Hilton Garden Inn, St. George, UT

#### **BOARD MEMBERS PRESENT**

Kay Blackwell, *President*, Piute County Commissioner

Steve Wall, Secretary-Treasurer, Sevier County Clerk-Auditor

Bruce Adams, San Juan County Commissioner

Ken Bischoff, Vice President, Weber County Commissioner

Jim Eardley, Washington County Commissioner

LaMar Guymon, Emery County Sheriff Jerry Hess, Davis County Deputy Attorney Jerry Hurst, Tooele County Commissioner Karla Johnson, Kane County Clerk-Auditor Wayne Smith, Iron County Commissioner Kent Sundberg, Utah County Deputy Attorney Steve White, Utah County Commissioner

### **BOARD MEMBERS ABSENT**

Brad Dee, Weber County Human Resources Director

**OTHERS PRESENT** 

Johnnie Miller, UCIP Chief Executive Officer Mark Brady, UCIP Loss Control Manager Sonya White, UCIP Manager of Administration

Blake Green, WCF Vice President

#### Call to Order

Kay Blackwell called this meeting of the Utah Counties Insurance Pool Board of Trustees to order at 6:30 p.m. on November 12, 2009, introduced Blake Green and welcomed all in attendance.

## Review/Excuse Board Members Absent

Brad Dee requested to be excused from this meeting due to a family vacation. Wayne Smith made a motion to excuse Brad Dee from this meeting. Steve White seconded the motion, which passed unanimously.

## Approval of October 15 Meeting Minutes

The minutes of the Board of Trustees meeting held October 15, 2009 were previously sent to the Board Members for review. Steve Wall made a motion to approve the October 15, 2009 meeting minutes as written. Karla Johnson seconded the motion, which passed unanimously.

## Review/Approve Tentative 2010 Budget

Johnnie Miller reviewed the 2010 Tentative Budget with the Board (see attachment number one). Jim Eardley made a motion to adopt the tentative 2010 budget and present it to the membership on December 3. Steve Wall seconded the motion, which passed; Steve White abstaining. The public hearing on the 2010 budget will be held on December 17, 2009 at 12:30 p.m.

## Workers' Compensation Fund Proposal

Johnnie Miller reported that he met with Brad Dee and Blake Green to discuss the option of maintaining a UCIP member county workers' compensation pool by partnering with the Workers' Compensation Fund. Blake Green provided the Board with information relating to the rates, claims support and safety services of the Fund (see attachment number two).

The Fund is reviewing UCIP member loss data, payroll and safety practices in order to provide a proposal to the Board of Trustees that would keep counties together to receive a premium size discount. Three proposals will be given: one with the 16 counties committed to staying with UCIP in 2010; one with Uintah and Washington Counties included in the pricing; and one including Utah County in the pricing. The Fund would also allow for counties that are currently individually insured with the Fund to be included in the UCIP group rating. The proposal will also give options for the claims handling. The Board will be able to review the proposal prior to December 3 so that a report can be made to the membership regarding the future of the workers' compensation pool. The Pool would receive dividends at the end of the year that can be used to build surplus or refunded back to the counties. The Pool's objective is to have the dedication of members, maintain stable rates and customize programs specific to counties. The Board will accept a proposal from the Fund for review.

## Set Date and Time for Closed Meeting

Karla Johnson made a motion to strike agenda item: Set Date and Time for Closed Meeting to Discuss the Purchase, Exchange, or Lease of Real Property. Steve White seconded the motion, which passed unanimously.

## Action on Real Property Matters

Karla Johnson made a motion to strike agenda item: Action on Real Property Matters. Steve White seconded the motion, which passed unanimously.

## Set Date and Time for Closed Meeting

Ken Bischoff made a motion to strike agenda item: Set the Date and Time for Closed Meeting to Discuss the Pending or Reasonably Imminent Litigation. Wayne Smith seconded the motion, which passed unanimously.

## Action on Litigation Matters

Ken Bischoff made a motion to strike agenda item: Action on Litigation Matters. Wayne Smith seconded the motion, which passed unanimously.

## Set Date and Time for Closed Meeting

Jim Eardley made a motion to Set Date and Time for Closed Meeting to Discuss Character, Professional Competence, Physical/Mental Health of an Individual for 8:15 p.m. on November 12, 2009. Karla Johnson seconded the motion, which passed unanimously. Board Members present at the closed meeting were: Kay Blackwell, Ken Bischoff, Steve Wall, Bruce Adams, Jim Eardley, LaMar Guymon, Jerry Hess, Jerry Hurst, Karla Johnson, Wayne Smith, Kent Sundberg and Steve White. The regular meeting resumed at 8:20 p.m. on November 12, 2009.

### **Action on Personnel Matters**

Karla Johnson made a motion to increase compensation for the UCIP Chief Executive Officer, Johnnie Miller. Jerry Hurst seconded the motion, which passed unanimously.

## Ratification and Approval of Payments and Credit Card Transactions

Steve Wall reviewed the payments made, payments to be made (see attachment number three) and credit card transactions with the Board. Karla Johnson made a motion to approve the payments made, payments to be made and credit card transactions. Steve Wall seconded the motion, which passed unanimously.

### Nominating Committee Report

Kay Blackwell reported that the Nominating Committee met to review the nominations for the Third Class Counties seat on the 2010 Board of Trustees. The Committee recommends that Kathy Robison, Cache County Council Member, and Wayne Smith, Iron County Commissioner, be placed on the ballot for the Board election at the December 3 Membership Meeting. Karla Johnson made a motion to accept the recommendation of the Committee. Ken Bischoff seconded the motion, which passed unanimously.

## **Chief Executive Officer's Report**

Johnnie Miller reported that the Board and staff attended excellent sessions at the AGRIP Governance Conference in October. Some of the parliamentary procedures discussed in one of the sessions will be implemented in order to move meetings along more efficiently. In the Board's strategic planning sessions in June, the focus will be on indentifying the Pool "niche" and how time and resources will be devoted to the Pool's "niche". In 2010 the Pool will continue to provide quality topics and speakers for their training. Now that the counties are members of the Utah Safety Council through UCIP, defensive driving training will be conducted through the Council so that Mark Brady can use his expertise in other areas of risk management and loss control for the members.

Johnnie met with the new State Risk Manager to continue negotiations relating to school bus usage issues and the relationship between counties and the state.

Johnnie reported that County Reinsurance Limited's third quarter report shows investment income on the rise. CRL has made good financial decisions since the loss reported in 2008.

Johnnie reported that the Utah Local Governments Trust has not provided the Pool with the official statement/findings that was promised at the joint meeting with the Trust's Board and staff.

Johnnie explained that the joint purchasing program being proposed to the Board by the Workers' Compensation Fund would benefit all counties since a group experience mod would be used in the rating process. Johnnie has had discussion with the Fund's President, Attorney and Marketing Manager who are very excited and supportive of a joint effort.

#### Other Business

The next meeting of the Board of Trustees is scheduled for December 17, 2009, 12:00 p.m., at the UCIP Offices, South Jordan.

Approved on this 1716 day of December 2009

Steve Wall, UCIP Secretary-Treasurer

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Board of Trustees Meeting

Special Districts

Utah Counties Insurance Pool

Board of Trustees

Interlocal Cooperation Entities

1731 S. Convention Center Drive

St. George

84070

11/12/09 6:30 PM

11/12/09 9:00 PM

Call to Order and Welcome Attendees

ACTION

Excuse Board Members Absent

Approval of October 15, 2009 Meeting Minutes

Review/Approve Tentative 2010 Budget Workers' Compensation Fund Proposal

Set Date and Time for Closed Meeting

to Discuss the Purchase, Exchange, or Lease of Real Property

Action on Real Property Matters Set Date and Time for Closed Meeting

to Discuss the Pending or Reasonably Imminent Litigation

Action on Litigation Matters

Set Date and Time for Closed Meeting

to Discuss Character, Professional Competence,

Physical/Mental Health of an Individual

Action on Personnel Matters

Ratify/Approve Payments and Credit Card Transactions

**INFORMATION** 

Nominating Committee Report Chief Executive Officer's Report

Other Business

Adjourn

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this

ADA:

Electronic Participation:

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Attachments

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meeting should notify Sonya White at the Utah Counties Insurance Pool, PO Box 760, Midvale, UT 84047, or call 800-339-4070, at least three days prior to the meeting.

Any Member of the Utah Counties Insurance Pool Board o

Any Member of the Utah Counties Insurance Pool Board of Trustees may participate telephonically.

No

editor@sltrib.com

There are no attachments associated with this notice.

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## AFFIDAVIT OF KAY BLACKWELL

STATE OF UTAH )
COUNTY OF SALT LAKE )
Kay Blackwell, being duly sworn upon oath, deposes and says:
1. That the affiant has personal knowledge of the matters hereinafter referred to in this Affidavit.
2. That the Affiant, on or about the <u>12</u> day of <u>November</u> , 2009, presided over a meeting of the
Utah Counties Insurance Pool Board of Trustees, an open and public meeting within the provisions of Chapter 4, Title 52,
Utah Code Annotated, 1953, as amended.
3. That a quorum of the Utah Counties Insurance Pool Board of Trustees was present and at least two-thirds of
the members present, voted to close the meeting pursuant to the provisions of Section 52-4-4, Utah Code Annotated, 1953, as
amended, for the purpose of discussing the character, professional competence, or physical or mental health of an individual.
4. That the affiant was present throughout the meeting and, pursuant to the provisions of Section 52-4-7.5, the
affiant does hereby affirm that the sole purpose for closing the meeting was to discuss the character, professional competence,
or physical or mental health of an individual or individuals.
FURTHER, Affiant saith not.
DATED this 12 day of November, 2009.  KAY BLACKWELL, President Utah Counties Insurance Pool
On theday of2009, personally appeared before me Kay Blackwell, who, after being by me duly sworn, deposed and said that the information contained in the above and foregoing Affidavit is true and correct.
NOTARY PUBLIC  My Commission Expires:

*			

## **UTAH COUNTIES INSURANCE POOL**

Tentative 2010 Budget

	2009 Budget	2009 Actual*	2010 Budget	Variance \$	%
Revenue				Tarrance ψ	
1 Premiums and other Considerations	9,377,841	8,088,219	7,360,121	(728,098)	-9.0%
2 Investment Income	455,655	180,403	80,709	(99,694)	-55.3%
3 Program Management Fees	5,250	3,348	3,000	(348)	-10.4%
4 Conferences	- 1 <del>-</del>	4,859	4,500	(359)	-7.4%
5 Total Income	9,838,746	8,276,830	7,448,330	(828,500)	-10.0%
Underwriting Expense					
6 Losses and Loss Adjustment Expenses	1,680,814	4,210,804	2,960,000	(1,250,804)	-29.7%
7 Reinsurance Expense	1,734,975	1,093,683	1,221,677	127,994	11.7%
8 Total Underwriting Expenses	3,415,789	5,304,487	4,181,677	(1,122,810)	-21.2%
Administrative Expense					
9 Board of Trustees	75,000	38,290	38,000	(290)	-0.8%
10 Depreciation	50,000	42,686	45,000	2,314	5.4%
11 Loss Control	51,230	25,464	42,650	17,186	67.5%
12 Marketing	15,000	14,726	13,750	(976)	-6.6%
13 Office Operations	270,655	212,848	236,200	23,352	11.0%
14 Professional Services	140,550	97,552	77,300	(20,252)	-20.8%
15 Staff	959,745	811,329	762,238	(49,092)	-6.1%
16 Taxes	80,000	84,541	60,000	(24,541)	-29.0%
17 Total Administrative Expenses	1,642,180	1,327,437	1,275,138	(52,300)	-3.9%
18 Total Operating Expense	5,057,969	6,631,925	5,456,815	(1,175,110)	-17.7%
19 Change in Net Assets	4,780,777	1,644,905	1,991,515	346,610	21.1%

<sup>\*</sup> Based on actual through Q3 plus estimated Q4.

## UTAH COUNTIES INSURANCE POOL Tentative 2010 Budget - By Line of Business

		Multi Line	Work Comp	Benefits	Total
	Revenue				
1	Premiums and other Considerations	5,742,340	1,617,781	-	7,360,121
2	Investment Income	58,430	22,279	_	80,709
3	Program Management Fees	_	-	3,000	3,000
4	Conferences	2,250	2,250		4,500
5	Total Income	5,803,020	1,642,310	3,000	7,448,330
	Underwriting Expense				
6	Losses and Loss Adjustment Expenses	1,760,000	1,200,000		2,960,000
7	Reinsurance Expense	946,677	275,000	-	1,221,677
8	Total Underwriting Expenses	2,706,677	1,475,000	-	4,181,677
	Administrative Expense				
9	Board of Trustees	27,000	11,000	=	38,000
10	Depreciation	30,000	15,000	-	45,000
11	Loss Control	23,350	19,300	=	42,650
12	Marketing	10,000	3,750	ı <del>-</del> i	13,750
13	Office Operations	143,250	92,950	-	236,200
14	Professional Services	57,300	20,000	-	77,300
15	Staff	417,049	345,189	-	762,238
16	Taxes	=	60,000		60,000
17	Total Administrative Expenses	707,949	507,189		1,275,138
18	Total Operating Expense	3,414,626	1,982,189		5,456,815
19	Change in Reserves	2,388,394	(339,879)	3,000	1,991,515

UTAH COUNTIES INSURANCE POOL 2009 Budget to Actual Comparison

		% of	Budget	- Andrew	%C 98	30.6%	03.0%	02.0% #DIV/OI	84 1%	04.1.70	2000	%5.067	457.20%	155.3%	E 4 40	071.1%	70.7%	08 20%	78.6%	69 4%	84.5%	105.7%	80 8%	131.1%	34.4%
Stimates	Over	(Under)	Budget	- Canal	(1 289 622)	(275,052)	(4,002)	4.859	(1.561.916)	(0.0'.00'.)	2 520 000	7,329,390	1 000 600	060,000,1	(36 710)	(30,710)	(7,314)	(23,739)	(57.807)	(42,998)	(148,416)	4.541	(314,743)	1,573,956	(3,135,872)
Year-End Estimates		Year End	Esimated		8.088.219	180,403	3,348	4 859	8.276.830	00000	7 210 804	1 093 683	5 304 487	701,100,0	38 200	72,530 72,686	25.464	14 726	212,848	97,552	811,329	84,541	1,327,437	6,631,925	1,644,905
		Current to	Year-End		2.022.055	40.000	2007	5 -	2.062.756		1 200 000	.,500,000	1 200 001	1,00,002,1	16,000	10,000	3,000	5.000	50,000	5,000	250,000		339,001	1,539,002	523,754
	191.50 201.00 10	% of	Budget		64.7%	30.8%	50.4%	#DIV/0i	63.2%		179 1%	63.0%	120.2%		%2 66	65.4%	43.8%	64.8%	60.2%	65.8%	58.5%	105.7%	60.2%	100.7%	23.5%
Year-To-Date		Over (Under)	Budget		(3,311,677)	(315,252)	(2,602)	4,858	(3,624,672)		1.329.990	(641,293)	688.697		(52.710)	(17.314)	(28,766)	(5,274)	(107,807)	(47,998)	(398,416)	4,540	(653,744)	34,954	(3,659,626)
		Y-T-D	Actual*		6,066,164	140,403	2,648	4,858	6,214,074		3,010,804	1,093,682	4.104.486		22,290	32,686	22,464	9,726	162,848	92,552	561,329	84,540	988,436	5,092,923	1,121,151
			Budget		9,377,841	455,655	5,250	I	9,838,746		1,680,814	1,734,975	3,415,789		75,000	20,000	51,230	15,000	270,655	140,550	959,745	80,000	1,642,180	5,057,969	4,780,777
				Revenue	Premiums and other Considerations	Investment Income	Program Management Fees	Conferences	Total Income	Underwriting Expense		Reinsurance Expense	Total Underwriting Expenses	Administrative Expense	Board of Trustees	10 Depreciation	1 Loss Control	2 Marketing	3 Office Operations		15 Staff	_ B		8 Total Operating Expense	9 Change in Net Assets
					_	CA	(1)	4	2		9	7	ω		0	~	~	_	_	4	_	16	17	19	19

\* Based on actual through 9/30/2009.

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UCIP 2010 Budget

## Premiums and Other Considerations - Line 1

<u>Premiums</u>	MultiLine	Work Comp	Benefits	Total
Beaver	81,554	=		81,554
Box Elder	199,386	-	-	199,386
Cache	231,606	-	-	231,606
Carbon	271,242	12	=	271,242
Daggett	53,786	30,189	-	83,975
Davis	572,103	97 <u>40</u>	-	572,103
Duchesne	109,935	89,802	» <del>-</del>	199,737
Emery	129,343	5₩	-	129,343
Garfield	97,018	41,528	-	138,546
Iron	211,634	188,772	-	400,406
Juab	116,347	52,389	-	168,736
Kane	78,793	98,421	-	177,214
Millard	181,117	114,945	-	296,062
Morgan	51,108	39,753	=	90,861
Piute	19,366	17,074	-	36,440
Rich	32,027	18,050		50,077
San Juan	191,587	85,560	=	277,147
Sanpete	80,989	43,978		124,967
Sevier	135,806	77,373	:=:	213,179
Tooele	310,840	232,180	<u>=</u>	543,020
Uintah	353,324	<b>.</b>		353,324
Utah	650,722	-		650,722
Wasatch	231,424	=	-	231,424
Washington	418,805		_	418,805
Wayne	45,255	14,840	-	60,095
Weber	673,033	472,090	=	1,145,123
UCIP	4,477	837	: <del>-</del>	5,314
Bear River HD	57,316	-	=	57,316
Central HD	18,379	.=	5 <del>-</del>	18,379
Southeastern HD	21,597	-	·	21,597
Southwest HD	32,566	-	-	32,566
Tooele HD	20,531	-	-	20,531
TriCounty HD	14,944	-		14,944
Wasatch HD	10,000		-	10,000
Weber-Morgan HD	34,380	-		34,380
Total Premium	5,742,340	1,617,781	=	7,360,121

UCIP 2009 Budget

## Investment Income - Line 2

	Amounts Inves	ted			
	Multiline	Work Comp	Benefits	Total	Rate
Reserves not paid in FY	3,570,744	2,146,189	_	5,716,933	0
CY losses not paid in FY	2,549,186	1,214,110	-	3,763,296	0
Equity at 12/31/PY	2,800,000	.=	<b>.</b>	2,800,000	0
CY UW Gain	-	-	=	_	0
CY losses paid in FY	1,080,814	426,579	-	1,507,393	0
Reserved loss paid in FY	1,337,127	874,398	=:	2,211,525	0
Expenses paid in CY	802,832	444,489		1,247,321	0
Total	12,140,703	5,105,765		17,246,468	
Investment Income in FY	58,386	22,263		80,648	0

Total

58,430	22,279	-	80,709	
44	17		60	
58,386	22,263	-	80,648	
305	169	·-	474	
508	332		840	
4,053	1,600	-	5,653	
7=	-	-	( <del>-</del>	
16,800	<del></del>	-	16,800	
15,295	7,285	_	22,580	
21,424	12,877	=	34,302	
Multiline	Work Comp	Benefits	Total	
Investment Inc	ome			

CY=Current Year FY=Fiscal Year PY=Prior Years

UCIP 2010 Budget

## Program Management Fees - Line 3

Fees	MultiLine	Work Comp	Benefits	Total
Beaver	<u> </u>		300	300
Box Elder	-		( <del>M</del> y	V <del>a</del>
Cache	_	-	-	_
Carbon	11 <del>75</del>	i <del>a</del>		-
Daggett	): <b>-</b>	:=	_	=
Davis	-	-	(B)	
Duchesne	. <del></del>	-		:=:
Emery	~	-	-	-
Garfield	=	-	-	:=1
Iron	-	_	-	-
Juab	<u></u>	-	300	300
Kane		-	-	-
Millard	_	-	500	500
Morgan	-		-	_
Piute	: <del>=</del> :		200	200
Rich	-	_	-	200 mm
San Juan		<del>.≡</del> 8	: <del></del>	-
Sanpete	-	-9	300	300
Sevier	-	<u>-</u> 1	=	, <del>E</del>
Tooele	<del>-</del> 3		:-	:=
Uintah		-	:-	% <u>=</u>
Utah	-	÷.	<u>-</u>	=
Wasatch	-	s <del>-</del>	1,200	1,200
Washington	-	8-	-	82
Wayne	<u>=</u>	) <del>=</del>	-	s <del>-</del>
Weber	. <del>-</del>	3 <del>.</del>	-	
UCIP	£=	<u>-</u>	200	200
Bear River HD	) <del>-</del>	-	-	-
Central HD	1. <del>-</del>	:-	-	-
Southeastern HD	2=	-	-	-
Southwest HD	-	-	-	-
Tooele HD		-	=	-
TriCounty HD	-	-	-	-
Wasatch HD		-	-	-
Weber-Morgan HD	-	-	_	-
Total Premium	-	-	3,000	3,000

UCIP 2010 Budget

<u> </u>	
Conferences -	Ino /
Collielelices -	

	Multiline	Work Comp	Benefits	Total		
Revenue .	Widitimio	Work Comp	Donomo			
Sponsorships	750	750	0	1,500		
Registration	1,500	1,500	0	3,000		
Subtotal	2,250	2,250	0	4,500		
Expenses						
Room Rental	0	0	0	0		
Meals	0	0	0	0		
Speaker Fees	0	0	0	0		
Incentives	0	0	0	0		
Other	0	0	0	0		
Subtotal	. 0	0	0	0		
_						
Net Revenue (Expense)	2,250	2,250	0	4,500		
	Towns and the second	<b>-</b> 11141	Dlanning 0	Doroonnol		
	insurance	Facilities	Planning &	Personnel		
	Insurance Coordinators	Facilities Management	Planning & Zoning		CRM	Total
Revenue	Coordinators	Management	Zoning &	Workshop	CRM	Total
Revenue Sponsorships				Workshop	CRM 0	Total 1,500
Sponsorships	Coordinators	Management	Zoning			
	Coordinators 0	Management 0	Zoning 0	Workshop 1,500		1,500
Sponsorships Registration Subtotal	Coordinators 0 0	Management 0 0	Zoning 0 0	Workshop 1,500 3,000	0	1,500 3,000
Sponsorships Registration	Coordinators 0 0	Management 0 0	Zoning 0 0	Workshop 1,500 3,000	0	1,500 3,000
Sponsorships Registration Subtotal Expenses	Coordinators 0 0 0	Management 0 0 0	Zoning  0 0 0	Workshop 1,500 3,000	0	1,500 3,000
Sponsorships Registration Subtotal Expenses Room Rental	Coordinators 0 0 0	Management  0 0 0 0	Zoning  0 0 0 0	Workshop 1,500 3,000	0	1,500 3,000
Sponsorships Registration Subtotal Expenses Room Rental Meals	Coordinators 0 0 0 0	Management  0 0 0 0 0	Zoning 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Workshop 1,500 3,000	0	1,500 3,000
Sponsorships Registration Subtotal Expenses Room Rental Meals Speaker Fees	Coordinators 0 0 0 0	Management  0 0 0 0 0	Zoning 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Workshop 1,500 3,000	0	1,500 3,000
Sponsorships Registration Subtotal Expenses Room Rental Meals Speaker Fees Incentives	Coordinators 0 0 0 0	Management  0 0 0 0 0	Zoning 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Workshop 1,500 3,000	0	1,500 3,000
Sponsorships Registration Subtotal Expenses Room Rental Meals Speaker Fees Incentives Other Subtotal	Coordinators 0 0 0 0	Management  0 0 0 0 0	Zoning 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Workshop 1,500 3,000	0	1,500 3,000
Sponsorships Registration Subtotal Expenses Room Rental Meals Speaker Fees Incentives Other	Coordinators 0 0 0 0	Management  0 0 0 0 0	Zoning 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Workshop 1,500 3,000	0	1,500 3,000

## UCIP 2010 Budget

## Loss & LAE - Line 6

0 0. 2, 12 200			
	Multiline	Work Comp	Benefits
Current Year	<u> </u>		
Loss & LAE Paid	1,760,000	1,200,000	-
Loss & LAE Reserved	3=	-	-
Prior Years			
Loss & LAE Paid	(1,337,127)	990,000	-
Ceded Loss Recoveries	-		-
Net Prior Years Paid	(1,337,127)	990,000	-

UCIP 2010 Budget

Reinsurance Expense - Line 7

	Multiline	Work Comp	Benefits	Total
CRL	946,675	0	=	946,675
Specialty National	1	275,000	=	275,001
Marsh	1		2	1
Total Reinsurance Expense	946,677	275,000	2	1,221,677

UCIP 2010 Budget

## Board of Trustees - Line 9

Meetings         Lodging         5,000         1,500         -         6,500           Meals & Incidental         3,000         1,000         -         4,000           Room Rental         500         250         -         750           Travel         5,000         2,500         -         7,500           Misc.         1,000         250         -         1,250           Subtotal         14,500         5,500         -         20,000           Training         Lodging         5,000         2,000         -         7,000           Meals & Incidental         2,000         1,000         -         3,000           Registration         3,500         1,500         -         5,000           Travel         2,000         1,000         -         3,000           Subtotal         12,500         5,500         -         18,000           Total Board of Trustees         27,000         11,000         -         38,000	_	Multiline	Work Comp	Benefits	Total
Meals & Incidental Room Rental         3,000 500         1,000 250         - 4,000 750           Travel Misc.         5,000 1,000         2,500 250         - 7,500 7,500           Misc.         1,000 14,500         250         - 1,250           Subtotal         14,500         5,500         - 20,000           Training Lodging Lodging         5,000 5,000         2,000 1,000         - 7,000 7,000         - 7,000 8,000           Meals & Incidental Registration         2,000 3,500         1,500 1,500         - 5,000 3,000           Travel         2,000 5,500         1,000 1,000         - 3,000 1,000           Subtotal         12,500 5,500         - 18,000	Meetings				
Room Rental         500         250         -         750           Travel         5,000         2,500         -         7,500           Misc.         1,000         250         -         1,250           Subtotal         14,500         5,500         -         20,000           Training           Lodging         5,000         2,000         -         7,000           Meals & Incidental         2,000         1,000         -         3,000           Registration         3,500         1,500         -         5,000           Travel         2,000         1,000         -         3,000           Subtotal         12,500         5,500         -         18,000	Lodging	5,000	1,500	-0	6,500
Travel         5,000         2,500         -         7,500           Misc.         1,000         250         -         1,250           Subtotal         14,500         5,500         -         20,000           Training         Lodging         5,000         2,000         -         7,000           Meals & Incidental         2,000         1,000         -         3,000           Registration         3,500         1,500         -         5,000           Travel         2,000         1,000         -         3,000           Subtotal         12,500         5,500         -         18,000	Meals & Incidental	3,000	1,000	-	4,000
Misc.         1,000         250         -         1,250           Subtotal         14,500         5,500         -         20,000           Training           Lodging         5,000         2,000         -         7,000           Meals & Incidental         2,000         1,000         -         3,000           Registration         3,500         1,500         -         5,000           Travel         2,000         1,000         -         3,000           Subtotal         12,500         5,500         -         18,000	Room Rental	500	250		750
Subtotal 14,500 5,500 - 20,000  Training Lodging 5,000 2,000 - 7,000 Meals & Incidental 2,000 1,000 - 3,000 Registration 3,500 1,500 - 5,000 Travel 2,000 1,000 - 3,000 Subtotal 12,500 5,500 - 18,000	Travel	5,000	2,500	<u>=</u> ///	7,500
Training         Lodging       5,000       2,000       -       7,000         Meals & Incidental       2,000       1,000       -       3,000         Registration       3,500       1,500       -       5,000         Travel       2,000       1,000       -       3,000         Subtotal       12,500       5,500       -       18,000	Misc.	1,000	250		1,250
Lodging         5,000         2,000         -         7,000           Meals & Incidental         2,000         1,000         -         3,000           Registration         3,500         1,500         -         5,000           Travel         2,000         1,000         -         3,000           Subtotal         12,500         5,500         -         18,000	Subtotal	14,500	5,500	-	20,000
Meals & Incidental       2,000       1,000       -       3,000         Registration       3,500       1,500       -       5,000         Travel       2,000       1,000       -       3,000         Subtotal       12,500       5,500       -       18,000	Training				
Registration     3,500     1,500     -     5,000       Travel     2,000     1,000     -     3,000       Subtotal     12,500     5,500     -     18,000	Lodging	5,000	2,000	-	7,000
Travel 2,000 1,000 - 3,000 Subtotal 12,500 5,500 - 18,000	Meals & Incidental	2,000	1,000	-	3,000
Subtotal 12,500 5,500 - 18,000	Registration	3,500	1,500	<u>20</u>	5,000
	Travel	2,000	1,000	-	3,000
Total Board of Trustees 27,000 11,000 - 38,000	Subtotal	12,500	5,500	PD PD	18,000
	Total Board of Trustees	27,000	11,000		38,000

## UCIP 2010 Budget

Depreciation - Line 10

Multine	Work Comp	Benefits	Total
30,000	15,000	-	45,000

UCIP 2010 Budget

## Loss Control - Line 11

		Multiline	Work Comp	Benefits	Total
Automobile		2,000	2,500	1=	4,500
Conferences				9 <b>=</b>	=:
Meals		4,500	3,000	-	7,500
Room Rental		1,000	500	-	1,500
Speakers		1,500	1,000	-	2,500
Dues & Subscription	าร	5,000	3,500	-	8,500
Land Use Hotline		4,000	-	~	4,000
Meetings		250	=	-	250
Training					
Aids		4,000	7,500	:	11,500
Lodging		500	500	-	1,000
Meals & Inciden	tal Expenses	200	200	-	400
Travel		300	400	_	700
Other	5	100	200	-	300
	Total Loss Control	23,350	19,300	-	42,650

## UCIP 2010 Budget

## Marketing - Line 12

0. <del>-</del> 0	Multiline	Work Comp	Benefits	Total
Exhibiting	3,500	1,000	-	4,500
Incentives	1,500	750	=	2,250
Sponsorship	5,000	2,000	-	7,000
Total Marketing	10,000	3,750	-	13,750

UCIP 2010 Budget

## Office Operations - Line 13

	Multiline	Work Comp	Benefits	Total
Copying	4,000	2,000	-	6,000
Coverage				
Property/Casualty	5,000	1,200		6,200
Unemployment	5,000	15,000	-	20,000
Workers Compensation	750	250	( <del></del>	1,000
Furniture & Equipment	5,000	1,500	-	6,500
Information Technology				
Services	20,000	15,000	.=	35,000
Software	1,000	3,000	-	4,000
Systems	7,500	7,500		15,000
Web	1,500	750	-	2,250
Lease	80,000	40,000	-	120,000
Postage	2,000	1,500	N <del>≡</del> À	3,500
Printing	1,000	750	-	1,750
Supplies	3,500	2,500	-	6,000
Telephone	7,000	2,000	-	9,000
Total Office Operations	143,250	92,950		236,200

UCIP 2010 Budget

## Professional Services - Line 14

	Multiline	Work Comp	Benefits	Total
Actuary				
Rate Report	4,800	4,500	-	9,300
Reserve Report	3,000	4,500	7 <del>-</del>	7,500
Equity Report	1,500	1,000	=	2,500
Audit	10,000	7,500	=	17,500
Financial	2,500	1,500	-	4,000
Legal	4,000	1,000	12	5,000
Lobbying	1,500	-	-	1,500
Member Appraisal	30,000	-	-	30,000
Total Professional Services	57,300	20,000	=	77,300

## UCIP 2010 Budget

## Staff - Line 15

Total Staff Expense By Line of Coverage

	Multiline	Work Comp	Benefits	Total
Expenses	0	0	0	0
Medical, Dental, Life, Vision	40,604	34,776	0	75,380
Medical HRA	1,500	1,500	0	3,000
Medical Long Term Disability	1,562	1,200	0	2,763
Payroll Liabilities	63,417	65,722	0	129,139
Reitirement	40,604	27,175	0	67,778
Salaries	269,362	214,816	0	484,178
Total	417,049	345,189	0	762,238

	Salary					
Position	12/31/09 Salary	COLA	MERIT	Salary Adjustment	Bonus	1/1/10 Salary
		0.00%	0.00%	0.00%	0	
Loss Control Manager	88,841.00	0.00	0.00	0.00	0	88,841.00
Safety Representative	50,000.00	0.00	0.00	0.00	0	50,000.00
WC Claims Manager	64,800.00	0.00	0.00	0.00	0	64,800.00
Administrative Assistant	36,342.35	0.00	0.00	0.00	0	36,342.35
Chief Executive Officer	142,440.00	0.00	0.00	0.00	0	142,440.00
PC Claims Manager	74,917.61	0.00	0.00	0.00	0	74,917.61
Manager of Administration	63,178.96	0.00	0.00	0.00	0	63,178.96
Total	520,519.92	0.00	0.00	0.00	0.00	520,519.92

Employee	1/1/10	Medical, Dental, Life,	Define	LTD	LIDA	Payroll
Employee	Salary	Vision	Retirement	LTD	HRA	Liabilities
1 Loss Control Manager	88,841.00	11,592.02	14,691.09	533.05	500	19,286.75
1 Safety Representative	50,000.00	11,592.02	5,820.00	247.46	500	30,428.40
1 WC Claims Manager	64,800.00	11,592.02	7,542.72	388.80	500	12,978.00
0 Administrative Assistant	0.00	0.00	0.00	0.00	0	10,000.00
1 Chief Executive Officer	142,440.00	11,592.02	16,580.02	764.64	500	27,811.83
1 PC Claims Manager	74,917.61	11,592.02	12,540.41	449.51	500	15,299.93
1 Manager of Administration	63,178.96	11,592.02	10,604.03	379.07	500	13,334.58
Total	484,177.57	69,552.14	67,778.27	2,762.53	3,000.00	129,139.49

Multiline	1/1/10 Salary	Medical, Dental, Life, Vision	Retirement	LTD	HRA	Payroll Liabilities
0.8 Loss Control Manager	71,072.80	11,752.87	11,752.87	426.44	400	15,429.40
Safety Representative	0.00	0.00	0.00	0.00	0	0.00
WC Claims Manager	0.00	0.00	0.00	0.00	0	0.00
0.8 Administrative Assistant	0.00	0.00	0.00	0.00	0	8,000.00
0.6 Chief Executive Officer	85,464.00	9,948.01	9,948.01	458.78	300	16,687.10
1 PC Claims Manager	74,917.61	12,540.41	12,540.41	449.51	500	15,299.93
0.6 Manager of Administration	37,907.38	6,362.42	6,362.42	227.44	300	8,000.75
	269,361.79	40,603.71	40,603.71	1,562.17	1,500.00	63,417.17
Total	203,301.73	40,000.71	40,000.71	1,002.17	1,000.00	00,117777
		Medical,				
	1/1/10	Dental, Life,				Payroll
Work Comp	Salary	Vision	Retirement	LTD	HRA	Liabilities
Work Comp	- January	7,0,0,,				
0.2 Loss Control Manager	17,768.20	2,318.40	2,938.22	106.61	100	3,857.35
1 Safety Representative	50,000.00	11,592.02	5,820.00	247.46	500	30,428.40
1 WC Claims Manager	64,800.00	11,592.02	7,542.72	388.80	500	12,978.00
0.2 Administrative Assistant	0.00	0.00	0.00	0.00	0	2,000.00
0.4 Chief Executive Officer	56,976.00	4,636.81	6,632.01	305.86	200	11,124.73
0 PC Claims Manager	0.00	0.00	0.00	0.00	0	0.00
0.4 Manager of Administration	25,271.58	4,636.81	4,241.61	151.63	200	5,333.83
9	214,815.78	34,776.07	27,174.56	1,200.36	1,500.00	65,722.32
		Medical,				
	1/1/10	Dental, Life,				Payroll
Benefits	Salary	Vision	Retirement	LTD	HRA	Liabilities
0 Loss Control Manager	0.00	0.00	0.00	0.00	0	0.00
0 Safety Representative	0.00	0.00	0.00	0.00	0	0.00
0 WC Claims Manager	0.00	0.00	0.00	0.00	0	0.00
0 Administrative Assistant	0.00	0.00	0.00	0.00	0	0.00
0 Chief Executive Officer	0.00	0.00	0.00	0.00	0	0.00
0 PC Claims Manager	0.00	0.00	0.00	0.00	0	0.00
0 Manager of Administration	0.00	0.00	0.00	0.00	0	0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00

140.76 126.684

Retirement						Health		
URS	401k	457b	Total	Medical	Dental	Vision	Life	LTD
11.64%	0.00%	0.00%	ì	90.00%	90.00%	90.00%	\$3.00	0.006
10,341.09	0.00	4,350.00	14,691.09	10,500.00	929.34	126.68	36.00	533.05
5,820.00	0.00	0.00	5,820.00	10,500.00	929.34	126.68	36.00	247.46
7,542.72	0.00	0.00	7,542.72	10,500.00	929.34	126.68	36.00	388.80
4,230.25	0.00	0.00	4,230.25	10,500.00	929.34	126.68	36.00	218.05
16,580.02	0.00	0.00	16,580.02	10,500.00	929.34	126.68	36.00	764.64
8,720.41	0.00	3,820.00	12,540.41	10,500.00	929.34	126.68	36.00	449.51
7,354.03	0.00	3,250.00	10,604.03	10,500.00	929.34	126.68	36.00	379.07
60.588.52	0.00	11.420.00	72.008.52	73.500.90	6.506.28	887 69	324.00	2 980 59

				9

Auto Cell Total Total Taxable Salary Costs Unemployment 0.153 12,625.07 9,000.00 900.00 9,900.00 126,057.16 19,286.75 10,428.40 68,159.49 10,000.00 12,339.49 12,480.82 84,823.54 12,978.00 12,310.08 52,882.68 8,091.05 10,000.00 900.00 9,000.00 181,776.68 27,811.83 12,856.66 9,900.00

900.00

20,700.00

99,999.55

87,154.09

700,853.19

Allowances

900.00 2,700.00

18,000.00

HRA

\$500.00

500

500

500

500

500

500

500

4,000.00

Total

12,541.53

12,471.10

87,624.75

Totals

15,299.93

13,334.58

107,230.54

		×
		•

## Total Cost

\$145,343.91

\$78,587.89

\$97,801.55

\$60,973.73

\$209,588.51

\$115,299.48

\$100,488.66

\$808,083.73

## UCIP 2010 Budget

## Taxes - Line 16

	Multiline	Work Comp	Benefits	Total
Property	:==	-	-	-
Self-Inserers	-	60,000	2	60,000
	<del></del>	60,000	.5%	60,000

UCIP 2009 Budget

#### **Budget Line Definitions**

1 Premiums and Other Considerations

2 Investment Income

3 Program Mangement Fees

4 Conferences

5 Total Income

6 Losses and Loss Adjustment Expense

7 Reinsurance Expense

8 Total Underwriting Expenses

9 Board of Trustees

10 Depreciation

11 Loss Control

12 Marketing

13 Office Operations

14 Professional Services

15 Staff

16 Taxes

17 Total Administrative Expenses

18 Total Operating Expense

19 Change in Reserves

Annual contributions from Members.

The amount earned on invested reserves and surplus.

Fees paid to UCIP for services rendered.

Income from conferences and seminars organized by UCIP.

Total of lines 1,2,3 and 4.

Total losses and Loss Adjustment Expenses related to losses covered

under the current year coverage agreement.

Premiums paid on reinsurance and excess policies.

Total of lines 6 & 7.

Expenses related to meetings, travel and conference attendance by

UCIP Board members.

Depreciation of furniture and equipment owned by UCIP.

Epenses related to UCIP loss control efforts.

Expenses related to exhibiting at various association conferences,

incentives and sponsoring association conferences and events

Expenses related to general operations of UCIP including rent, office

supplies, copying & postage.

Fees paid to professional consultants.

Staff salary, benefits and other related expenses.

Taxes and regulatory fees paid by UCIP.

Total of lines 9 through 16.

Total of lines 8 and 17.

The amount of reserves gained or lost for the budget period.

# Preferred Provider Organization

These facilities have agreed to provide quality care at discounted rates. If you have access to a PPO facility and you choose not to receive treatment there, you will be responsible for any charges in excess of our PPO rates. If you are in an outlying area and do not have reasonable access to a PPO facility, seek treatment at the nearest medical facility. You will not be responsible for excess charges.



# **When An Injury Occurs**

#### An Employer Must

- 1 Notify the employee of your company physician or clinic.
- 2 Immediately report the incident to WCF using the Employer's First Report of Injury or Illness form. You have seven days to submit the report to both WCF and the Labor Commission. Choose from four ways to report:
  - + Use our secure, online version at wcfgroup.com. You may access this form by clicking on "Submit a Claim "under "WCF Online."
  - + Call the First Report of Injury hotline at 801.288.8285, or 800.561.8008.
  - + Fax the Employer's Report of Injury or Illness form to 801.288.8275.
  - + Mail the Employer's Report of Injury or Illness form to: Workers Compensation Fund
     392 East 6400 South
     Salt Lake City, UT 84107
- 3 Obtain the names and contact information of all who witnessed the accident.
- 4 Document the circumstances surrounding the injury by conducting a thorough investigation.
  - + Look at the accident site
  - + Determine why it happened
  - + Secure evidence/take photographs, if necessary
  - + Interview witnesses
- 5 Contact your WCF claims adjuster to discuss any questionable claim.
- 6 Interview witnesses.

#### An Employee Must

- 1 Notify your supervisor immediately. Your employer is required to file an Employer's Report of Injury or Illness form within seven days.
- 2 Seek medical treatment. Use your company's designated physician listed below for all non-emergency injuries as soon as possible. Please give your company's policy number to your medical provider.

- 3 Keep in contact with your employer. Continually inform your employer of your condition and work capabilities.
- 4 Review your rights and responsibilities. Workers' compensation insurance covers the following benefits for work related accidents:
  - + Reasonable and necessary medical treatment
  - + Compensation for lost wages
  - + Mileage reimbursement for travel to medical appointments
  - + Prescription drugs
- 5 Call the WCF First-Report-of-Injury Hotline if you have any questions: 801.288.8285 or toll free: 800.561.8008

#### Managing Claims

If you would like to lower your premiums, the answer is to control the cost of your company's claims. The easiest ways are to get involved with your claims and stay involved. It's that simple.

- 1 Do your employees know how to report an accident? Make sure they do by having a written company policy that includes the individual's name who receives the reports.
- 2 Investigate every accident. Look at the accident site and secure evidence to learn how it happened and how to prevent future accidents. You should interview witnesses because they often have additional information about the accident.
- 3 Don't ignore the claim, even if you think it is questionable. Report all incidents that require any medical treatment to WCF. The law requires all employers to file an Employer's First Report of Injury or Illness within seven days of the injury.
  - If you dispute a claim, report it anyway along with a letter outlining your concerns. This will increase your chances for a successful denial. It will allow WCF to aggressively manage a claim without accepting liability until a thorough investigation has occurred.
- 4 Take advantage of directing the medical care of your injured employees. Establish a relationship with a company physician/clinic that specializes in occupational injuries. Clinics such as WorkMed, serve as an excellent company choice. Be sure to notify your employees of your choice.

#### Salt Lake County, Park City + Tooele

# INDUSTRIAL MEDICINE URGENT CARE FACILITIES

#### Intermountain WorkMed

201 E 5900 S #100 Murray, UT 84107 801-288-4900

#### Intermountain WorkMed

1685 W 2200 S SLC, UT 84119 801-972-8850

#### Park City Family Health & Urgent Care Center

1665 Bonanza Dr Park City, UT 84068 435-649-7640

#### U of U Occ Med Clinic at Redwood Health Center

1525 W 2100 S SLC, UT 84119 801-213-9700

# EXTENDED HOURS URGENT CARE FACILITIES

#### Holladay InstaCare

3934 S 2300 E SLC, UT 84124 801-408-1980

#### Medical Mall

3845 W 4700 S SLC, UT 84118 801-840-2020

#### Memorial InstaCare

2000 S 900 E SLC, UT 84118 801-464-7777

#### Sandy InstaCare

9493 S 700 E Sandy, UT 84070 801-576-0176

#### South Ridge InstaCare

3859 W 12600 S Riverton, UT 84065 801-302-7300

#### Taylorsville InstaCare

3845 W 4700 S Kearns, UT 84118 801-840-2020

#### U of U Redwood Health Center

1525 W 2100 S Salt Lake City, UT 84119 801-887-2499

#### West Jordan InstaCare

2655 W 9000 S West Jordan, UT 84084 801-256-6399

#### HOSPITAL NETWORK

#### Alta View Hospital

9660 S 1300 E Sandy, UT 84094 801-501-2600

#### Cottonwood Medical Ctr

5770 S 300 E Murray, UT 84107 801-314-5300

#### Heber Valley Medical Ctr

1485 S Highway 40 Heber City, UT 84032 435-654-2500

#### LDS Hospital

8th Ave "C" St SLC, UT 84143 801-408-1100

#### Orthopedic Specialty Hospital

5848 S 300 E Murray, UT 84107 801-314-4100

#### U of U Hsptl and Clinics

50 N Medical Dr SLC, UT 84132 801-581-2121

#### U of U Orthopedic Center

590 Wakara Way SLC, UT 84108 801-587-7100

#### CLINICS AND SURGICAL CENTERS

#### Intermountain Spine Institute

5810 S 300 E #300 Murray, UT 84107 801-314-2225

# Intermountain Surgical Center

359 8th Ave SLC, UT 84103 801-408-3200

#### Sandy Health Center

9500 S 1300 E Sandy, UT 84106 801-501-2100

#### Snowbird Clinic

Snowbird, UT 8409. 801-742-2222

#### South Sandy Health Ctr

955 E 11400 S Sandy, UT 84094 801-571-0030

#### **Summit Health Center**

1750 W Sun Peak Dr Park City, UT 84068 435-647-5740

#### U of U Greenwood Health Ctr

7495 S State St Midvale, UT 84047 801-213-9400

#### U of U Hospital Clinic

50 N Medical Drive SLC, UT 84132 801-581-2121

#### U of U Madsen Health Center

555 S Foothill Blvc SLC, UT 84112 801-581-8000

#### U of U Orthopaedic Center

590 Wakara Way SLC, UT 84108 801-587-7100

#### U of U Pain Clinc at Red Butte Health Center

546 Chipeta Way #220 SLC, UT 84108 801-581-7246

#### U of U Redstone Health Center

1750 W Sun Peak Dr Park City, UT 84068 435-647-5740

#### U of U Redwood Health Center

1525 W 2100 S Salt Lake City, UT 84119 801-877-2400

#### U of U South Jordan Health Center

11444 S 1700 W South Jordan, UT 84095 801-253-5900

#### U of U Stansbury Health Center

220 Millpond Road, #100 Stansbury Park, UT 84074 435-843-3000

#### U of U Sugarhouse Health Center

1138 E Wilmington Ave SLC, UT 84106 801-581-2000

#### U of U Westridge Health Center

3730 W 4700 S West Valley City, UT 84118 801-964-2300

#### West Jordan Health Ctr

2655 W 9000 S West Jordan, UT 84084 801-256-6343

# Northern Utah + Idaho

# INDUSTRIAL MEDICINE URGENT CARE FACILITIES

#### Intermountain WorkMed

1501 Hiland Ave Burley, ID 8331 208-677-6428

# Intermountain WorkMed

1992 W 2000 N #28 Layton, UT 84041 801-776-4444

#### Intermountain WorkMed

500 E 1400 N Logan, UT 84341 435-716-5478

#### Intermountain WorkMed

1355 W 3400 S Ogden, UT 84401 801-387-6150

#### Intermountain Work Med

Tremonton, UT 84337 435-257-4305

#### North Ogden WorkMed

2400 N. Washington Blvc North Ogden, UT 84414

# EXTENDED HOURS URGENT CARE FACILITIES

#### Bountiful InstaCare

280 N Main Bountiful, UT 84010 801-292-6100

#### Herefordshire InstaCare

1915 W 5950 S Royl, UT 84067 801-387-8100

#### Layton InstaCare

2075 N 1200 W Layton, UT 8404 801-779-6200

#### Logan Instacare

235 E 400 N Logan, UT 84321 435-752-1010

#### North Ogden Instacare

2400 N Washington Blvc Ogden, UT 84404 801-786-7500

#### South Ogden Instacare

975 E Chamber Ave Ogden, UT 84403 801-387-62000

#### U of U Centerville Medical Center

26 S Main Street Centerville, UT 84014 801-693-7900

#### Hospital Network Bear River Valley Hsptl

440 W 600 N Tremonton, UT 84337 435-257-7441

#### Cassia Memorial Hsptl

1501 Hiland Ave Burley, ID 83318 208-678-4444

#### Logan Regional Hsptl

500 E 1400 N Logan, UT 84341 435-716-1000

#### McKay-Dee Hospital

4401 Harrison Blvd Ogden, UT 84403 801-387-2800

#### CLINICS AND SURGICAL CENTERS

#### Bountiful Health Ctr

390 N Main Bountiful, UT 84010 801-294-1000

#### Herefordshire Health Ctr

1915 W 5950 S Roy, UT 84067 801-387-8100

#### North Ogden Health Ctr

2400 N Washington Blvc Ogden, UT 84404

#### South Valley Health Ctr

1652 S Hwy 165 Logan, UT 84321 435-752-6105

#### **Summit Health Center**

02 S Main Smithfield, UT 84335

#### **Utah County**

# INDUSTRIAL MEDICINE URGENT CARE FACILITIES

#### Intermountain WorkMed

505 W 400 N Orem, UT 84057 801-714-3200

#### Springville WorkMed

385 S. 400 E. Springville, UT 84663 801.491.6400

# EXTENDED HOURS URGENT CARE FACILITIES

#### Highland Instacare

10968 N Alpine Highway Highland, UT 84003 801-763-2900

#### North Orem InstaCare

1975 N State St Orem, UT 84057 801-714-5000

#### Parkway Urgent Care Clinic

145 W University Orem, UT 84058 801-234-8600

#### Saratoga Springs Instacare

250 E State Rd 73 Saratoga Springs, UT 84043 801-766-4567

#### Springville Instacare

762 W 400 S Springville, UT 84663 801-429-1200

#### U of U Parkway Urgent Care Clinic

145 W University Pkwy Orem, UT 84058 801-266-7555

#### HOSPITAL NETWORK

#### American Fork Hsptl

170 N 1100 E American Fork, UT 84003 801-763-3300

#### **Orem Community Hsptl**

331 N 400 W Orem, UT 84057 801-714-3000

#### Utah Valley Regional Medical Center

1034 N 500 W Provo, UT 84604 801-357-7850

#### CLINICS AND SURGICAL CENTERS

#### Central Orem Health Ctr

505 W 400 N Orem, UT 84057 801-714-3450

#### **Highland Health Ctr**

10968 N Alpine Hwy Highland, UT 84003 801-763-2900

#### North Orem Health Ctr

1975 N State Orem, UT 84057 801-714-5500

#### U of U Parkway Health Ctr

145 W University Pkwy Orem, UT 84058 801-266-7555

#### Utah County Medical Associates

39 S Professional Way Payson, UT 84651 801-465-4896

#### Southern Utah

# INDUSTRIAL MEDICINE URGENT CARE FACILITIES

#### Intermountain WorkMed

1303 N Main St Cedar City, UT 84720 435-868-5575

#### Intermountain WorkMed

1100 S Medical Drive Mt. Pleasant, UT 84647 435-462-4147

#### Intermountain WorkMed

385 N 3050 E St. George, UT 84790 435-251-2630

# EXTENDED HOURS URGENT CARE FACILITIES

#### Cedar City InstaCare

962 S Sage Drive Cedar City, UT 84720

#### River Road InstaCare

577 S River Rd St. George, UT 84790 435-688-6300

#### Hurricane Instacare

90 S 700 W Hurricane, UT 84737 435-635-7227

#### HOSPITAL NETWORK

#### **Delta Community Hsptl**

126 S White Sage Ave Delta, UT 84624 435-864-5591

#### Dixie Regional Hsptl

544 S 400 E St. George, UT 84770 435-688-4000

#### Fillmore Community Hsptl

674 S Highway 99 Fillmore, UT 84631 435-743-5591

#### **Garfield Memorial Hsptl**

200 N 400 E Panguitch, UT 84759 435-676-8811

#### **Gunnison Valley Hsptl**

64 E 100 N Gunnison, UT 8463 435-528-7246

#### River Road Hospital

1380 E Medical Center Dr St, George, UT 84790 435-251-1000

#### Sanpete Valley Hsptl

1100 S Medical Dr Mt. Pleasant, UT 84647 435-462-2441

#### Sevier Valley Hospital

1100 N Main St Richfield, UT 84701 435-896-8271

#### Valley View Medical Ctr

1303 N Main St Cedar City, UT 84720 435-868-5000

#### CLINICS AND SURGICAL CENTERS

#### Bryce Valley Family Practice

10 W Center Cannonville, UT 84718 435-679-8545

#### Canyonview Family Practice

15 E 400 N Parowan, UT 84761 435-477-3317

#### Cedar City Health Ctr

1303 N Main Cedar City, UT 84720 435-868-5500

#### Circleville Clinic

145 W Main Circleville, UT 84723 435-577-2958

#### **Enterprise Valley Clinic**

223 S 200 E Enterprise, UT 84725 435-878-2281

#### Ephraim Health Ctr

525 N Main St Ephraim, UT 84627

#### Fillmore Clinic

(servicing Scipio) 700 S Highway 99 Fillmore, UT 84631 435-743-5555

#### **Hurricane Heath Center**

90 S 700 W Hurricane, UT 84737 435-635-7227

#### Garfield Memorial Clinic

200 N 400 E Panguitch, UT 84759 435-676-8842

#### Kazan Family Practice

65 N Center Escalante, UT 84716 435-826-4374

#### Manti Family Center

159 N Main St Manti, UT 84642 435-835-3344

#### Mt. Pleasant Health Ctr

1100 S Medical Dr Mt. Pleasant, UT 84647 435-462-3471

#### Richfield Clinic

460 N Main Richfield, UT 84701 435-896-5496

#### River Road Health Ctr

577 S River Road St. George, UT 84790 435-688-6100

#### Salina Medical Clinic

310 W Main St Salina, UT 84654

#### Workers Compensation Fund

392 East 6400 South Salt Lake City, Utah 84107 801.288.8000 800.446.COMP (2667) www.wcfgroup.com



# **Why Workers Compensation Fund?**



Workers Compensation Fund (WCF) has insured Utah employers since 1917 and is the largest workers' compensation insurer in the state of Utah. As a company, WCF is committed to customer service, strong business partnerships and aggressive cost management.

#### **RATES**

At WCF, we understand the importance of providing reliable workers compensation insurance at a fair price. We work hard to offer low rates while still keeping WCF financially strong. Currently, Utah has the third lowest workers' compensation rates for manufacturing in the nation, which the Economic Development Corporation of Utah has recognized as an economic incentive for bringing business to Utah.

States with the LOWEST Workers
Compensation Comparative Costs

1 Arizona
2 Indiana
3 UTAH
4 Oregon
5 Arkansas

States with the HIGHEST Workers
Compensation Comparative Costs

45 Vermont
44 California
43 Alaska
42 Delaware
41 New York

#### SAFETY SERVICES

WCF's Safety and Loss Prevention Department employs safety professionals that offer our policyholders a variety of loss prevention services, safety and health audits, program assistance including general safety, substance abuse prevention, safe driving practices and OSHA required programs.

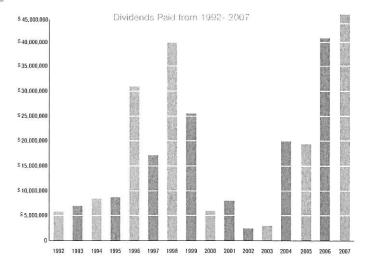
Safety training is strongly emphasized for WCF policyholders and is provided at policyholders' places of business and in regional seminar formats. WCF provides more than 100 safety seminars each year across Utah.

#### **CLAIMS SUPPORT**

Our claims services bring together a preferred provider network, prescription drug discounts, provider bill and utilization review, medical case management and vocational rehabilitation. This combination gives injured employees a solid foundation of care and support. It also allows our policyholders to participate in controlling claims costs.

#### **DIVIDENDS**

WCF is owned by its policyholders. This entitles policyholders to share in the Company's financial success. Dividends have been distributed every year since 1992. Policyholder ownership also makes WCF accountable to Utah employers and employees to provide stability in the market and superior customer service.



#### **Workers Compensation Fund**

#### Salt Lake

392 East 6400 South Salt Lake City, Utah 84107 phone: 801.288.8000 toll free: 1,800,446,2667

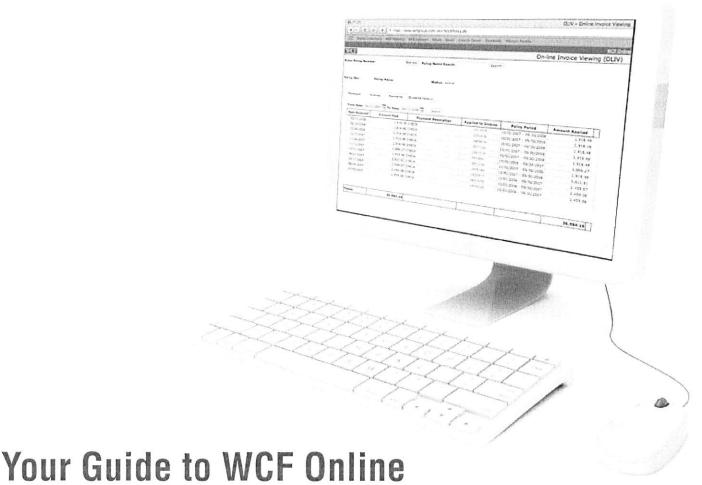
#### Ordo

1186 East 4600 South, Suite 400 Ogden, Utah 84403 phone: 801.476.2400

oil free: 1.800.611,4550 www.wcfgroup.com

#### St. George

1453 South Dixie Drive, Suite 100 St.George, Utah 84770 phone: 435.652.5000 toll free: 1.800.324.9470



At WCF we focus on developing friendly and accessible Internet services to get you the information you need quickly. We also offer a variety of services to help you manage your workers compensation policy 24 hours a day, seven days a week.

#### Home Page

The home page is categorized by user and category. For example, clicking on "Employer's Resources" will take you to information on what employers should do after an injury occurs, as well as how to manage claims costs, how to establish a return-to-work program and much more. We also have resources for agents and injured employees.

Also available on WCF's home page are resources about safety and policy information. The "Safety" section contains a wealth of information on accident prevention and registration for free WCF safety courses.

#### WCF Online

WCF Online contains a majority of the applications and forms available to WCF policyholders. To view specific information on your policy, a login user name and password will be needed. Creating a user name and password is also available at WCF online.

Here are some of the things you can do in the "WCF Online" section:

- File a claim
- · Review claims status
- Maintain an OSHA 300 log
- · Print a certificate of insurance
- · Make a payment online
- Obtain a loss run

#### NON LOGIN APPLICATIONS

#### File Online for Faster Processing

Nearly 74% of all claims filed with WCF are completed online. Claims filed online are processed within four hours, while claims filed offline can take up to five days to process.

Utah law requires that employers report employee injuries within seven days of an accident. When an employer submits a claim online to WCF, a copy of the claim is immediately forwarded to the

			e

Labor Commission. Keep in mind that even after you've filed a claim online, you can easily review, update and revise it online as well.

#### Make a Payment Online.

You can easily make check payments online from the "WCF Online" section. All you need to make a payment online is your policy number, invoice number and your Federal Tax Identification number.

If you are a sole proprietor, your Federal Tax Identification number is your Social Security number. If you are a corporation, partnership or trust, your Federal Tax Identification number will be the nine-digit number the IRS gave you.

#### Online Invoice Viewing

Online Invoice Viewing is a new service available on our website to assist you in accessing information regarding your policy.

#### You are able to:

- · View periods of policy coverage
- View payment history
- View and print invoices
- · View and print payroll reports
- View dividend history

Detailed information and copies of previous invoices are available by selecting any options available in blue text.

#### LOGIN APPLICATIONS

#### Print a Certificate of Insurance.

With this feature, a certificate of insurance can quickly be printed. All you need for a certificate is your policy number. WCF will still print, mail and/or fax your certificate from our office upon request.

#### Review Claims Status.

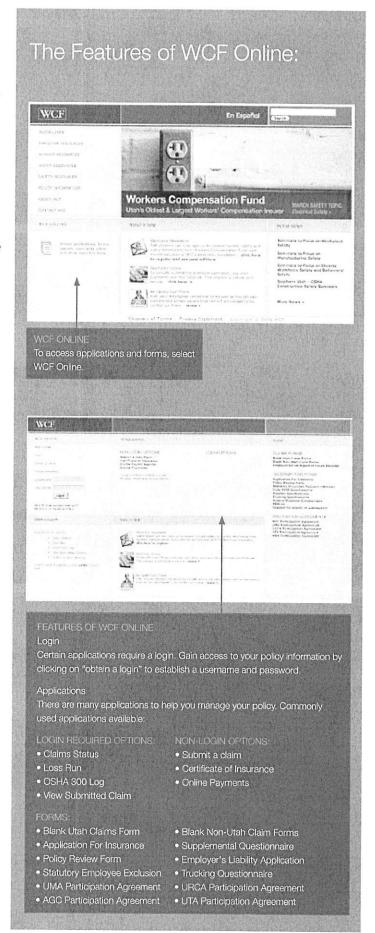
After inputting a claim number, the claim status feature will allow you access to specific information about existing claims.

#### Obtain a Loss Run.

Loss runs provide a history of compensation and medical payments made on claims during a certain period of time. They are available in summary, partial and full detail format.

#### Maintain an OSHA 300 Log.

The OSHA 300 Log application was created for policyholders to generate and maintain a report of claims that have been marked as OSHA recordable. The WCF website contains many links with pertinent information about OSHA regulations as well as information on maintaining an OSHA 300 Log.





Keyword Search

Q Search >>
Advanced Search

#### Category Search

Driver Safety	(37)
Emergency Preparedness	(58)
Environmental	(20)
Ergonomics	(9)
OSHA 10 and 30 Hour Courses	(4)
OSHA Essentials/General Safety	(157)
Health and Wellness	(9)
Human Resources	(43)
Construction, Mining, and Heavy Equipment	(88)
Supervisory Safety	(22)
Transportation Safety	(42)
University/Student Safety	(6)

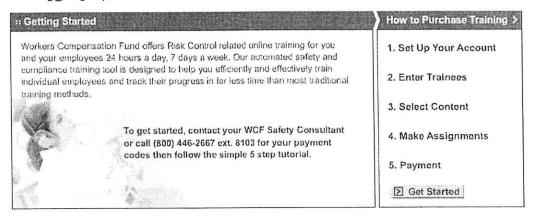
PPV Home Account FAQ

:: FEATURED LESSON

Help

#### Welcome to Workers Compensation Fund's Pay-Per-View

For more information about all of WCF's Risk Reduction Tools, please visit our website at www.wcfgroup.com. You can also contact Workers Compensation Fund at (800) 446-2667 ext. 8103 or e-mail us at <a href="mailto:lhemming@wcfgroup.com">lhemming@wcfgroup.com</a>.





Bice II

#### Excavation and Trenching Safety for

Trenching and excavation work is performed thousands of times daily, throughout the United States in all types of conditions. This program has been created to increase your awareness and provide you with a better understanding of the laws, regulations, and company safety policies and procedures associated with your work.

Length: 48 min. Language: English Price: \$19.95 Categories: Human Resources, General Safety/Misc.

Workers Compensation Fund's PPV is powered by PureSafety. support@puresafety.com | Privacy Statement & Disclaimer

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#### Search Results

Your search has returned the following available courses. Click on any title for a short summary of what is covered in the course.

There are 37 courses in the Driver Safety category Showing Page 1 of 4			Page Size:	10 -
/ Name	List Price	Your Price	Language	Length
15 Passenger Van Safety, PureSafety eLesson	\$19.95	\$17.95	English	46 min
Accident Investigation and Root Cause Analysis, PureSafety eLesson	\$19.95	\$17.95	English	44 min
Accident Investigation and Root Cause Analysis, PureSafety eLesson (Spanish)	\$19.95	\$17.95	Spanish	51 min
Avoiding Rear End Collisions - Large Vehicles, PureSafety eLesson	\$19.95	\$17.95	English	34 min
Avoiding Rear End Collisions - Light Commercial Vehicles, PureSafety eLesson	\$19.95	\$17.95	English	34 min
Avoiding Rear End Collisions - Light Commercial Vehicles, PureSafety eLesson (Sp	\$19.95	\$17.95	Spanish	39 min
Defensive Driving Small Vehicles, PureSafety eLesson	\$19.95	\$17.95	English	65 min
Delivery Driver Safety, PureSafety eLesson	\$19.95	\$17.95	English	26 min
Diet and Exercise, PureSafety eLesson	\$19.95	\$17.95	English	54 min
DOT Driver Compliance, PureSafety eLesson	\$19.95	\$17.95	English	24 min
Page(s): 1 2 3 4			\$1000000000000000000000000000000000000	

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			3
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# PREVENTING INJURIES AND CONTROLLING COSTS CHECKLIST

	Senior management and owners commitment support and control of safety.
	Written statement indicating the company's commitment to the safety and welfare of their employees.
	Clear understanding and knowledge of your industry risks and exposures.
	Assignment of safety responsibilities including senior management, competent safety manager or
	director, and empowerment of supervisors, and employees.
	Written safety program (regularly reviewed and updated).
	Quality hiring practices which may include:
	□ Drug screening
	□ Written job application
	□ Written job descriptions
	□ Reference checks
	□ Motor vehicle records
	<ul> <li>Physical suitability test or other job specific test that are appropriate</li> </ul>
	Provide documented employee safety orientation and ongoing safety training.
	□ Focus on cultivating safety atmosphere and safety behavior
	Provide proper tools and equipment that are regularly maintained in order to complete the job safely.
	Provide personal protection equipment and training where appropriate and when required.
	Implement quality housekeeping and eliminate the hazards of clutter.
	Identify hazards and implement controls:
	□ Identify where you could have a serious or fatal injury
	□ Track your most frequent injuries
	<ul> <li>Implement controls to prevent frequent, serious or fatal injuries</li> </ul>
	Implement required OSHA programs and reporting procedures.
	Implement emergency plan:
	□ Evacuations
	□ First Aid (CPR)
	□ Use preferred Provider Organizations (PPO) (Workmeds)
	<ul> <li>Hospitals (life and limb threatening or other serious injuries or illnesses)</li> </ul>
	Require immediate and complete reporting of all injuries.
	<ul> <li>If medical services are necessary, assist employee to appropriate care</li> </ul>
	Investigate all accidents and close calls:
	<ul> <li>Determine root causes and contributing causes</li> </ul>
	<ul> <li>Implement controls and changes to prevent further accidents</li> </ul>
	□ Determine liability of claim
	□ Identify any third party responsibility
	Evaluate drug and alcohol involvement
_	Report any fraud or suspected fraud
	Implement claims management principles:
	□ Use PPO facilities. Be acquainted with and work closely with PPO and medical providers
	Work closely with claim adjuster and provide regular updates on employee
	Provide early return to work opportunities
_	□ Stay involved with employee. (Supervisor contacts within 24 hours.)
	Implement safety disciplinary and incentive programs, track and measure performance.
	Review other benefit programs (ensure that Workers Compensation is not being substituted for
	deficiency in other benefit programs).
	Require subcontractors to provide proof of insurance and require full compliance with all safety
	policies and procedures.

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# Employee's Roles and Responsibilities with Safety and Workers Compensation Insurance

- 1. Contribute to a safe workplace
  - a. Maintain a drug and alcohol free workplace
  - b. Follow safety rules and protocols
  - c. Use proper safety equipment
  - d. Do not participate in horseplay
- 2. Alert the supervisor and/or safety director of unsafe conditions that you cannot resolve.
- 3. Immediate notification of supervisor and safety director of any injuries or close calls.
- 4. Cooperate and be truthful in accident investigations.
  - a. Don't alter the scene unless serious hazards exist
- Seek proper medical assistance through the designated preferred provider (WorkMed)
  - a. Emergency room for life and limb threatening or after hours services
- 6. Cooperate and follow through on the treatments of the medical providers
- 7. Cooperate and communicate regularly with the claims adjuster
- 8. Participate in the Return to Work programs
- 9. Provide employers, medical providers, and claims adjusters updates on any changes in the conditions and work status.
- 10. Report any workers compensation fraud the employee is aware of (800-288-8140)

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# **ACCIDENT PROCEDURE**

# IF YOU ARE INJURED ON THE JOB

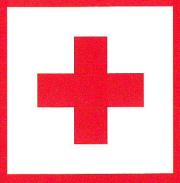
## **YOU MUST:**

- **Notify your supervisor immediately.** Your employer is required to file an Employer's-Report-of-Injury-or-Illness form within seven days.
- Seek medical treatment. Use your company's designated physician listed below for all 2 Seek medical treatment. Ose your company 3 designated physical properties as soon as possible. Please give your company's policy number to your medical provider.
- Keep in contact with your employer. Continually inform your employer of your condition and work capabilities.

## YOU SHOULD:

- Review your rights and responsibilities. Workers' compensation insurance covers the following benefits for work-related accidents:
  - Reasonable and necessary medical treatment
  - · Compensation for lost wages
  - Mileage reimbursement for travel to medical appointments
  - Prescription drugs
- Call the WCF First-Report-of-Injury Hotline if you have any questions: 801-288-8285 or toll free: 1-800-561-8008

COMPANY PHYSICIAN:	
COMPANY HOSPITAL:	
COMPANY POLICY NUMBER:	



# **PROCEDIMIENTO DE ACCIDENTE**

# SI SE LASTIMA EN EL TRABAJO

## **USTED TIENE QUE:**

- Notificar a su empleador de inmediato. Es un requisito para su empleador el llenar el formulario de Primer Reporte del Accidente o Enfermedad Industrial. Su empleador tiene siete días para llenar el formulario.
- Recibir tratamiento médico. Visitar lo antes posible al doctor designado por la compañía, cuyo nombre se halla abajo, para cada lesión que no sea amenaza de vida. Favor de dar el número de póliza de la compañía al proveedor médico.
- Mantener comunicación con su empleador. Mantener informado a su empleador de su condición y capacidad de trabajar.

### **USTED DEBE:**

- Revisar sus derechos y responsabilidades. El seguro de la compensación al trabajador cubre lo siguiente para un accidente de trabajo:
  - Tratamiento médico necesario y razonable
  - Compensación por el tiempo que usted no puede trabajar
  - Medicina
  - Reembolso de millaje para las consultas médicas
- Llame a la línea en español si tiene preguntas: 801-288-8511

NÚMERO DE PÓLIZA DE LA COMPAÑÍA:	_
DOCTOR DE LA COMPAÑÍA:	_
HOSPITAL DE LA COMPAÑÍA:	- 12

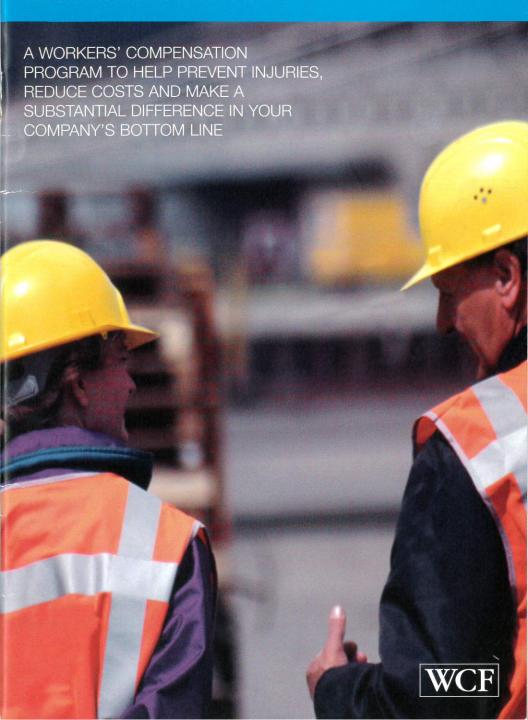
# **Utah Counties Insurance Pool** Payments October 16 - November 12, 2009

Type	Date	Num	Name	Мето	Split	Amount
ML Expense						
Liability Check	10/29/2009		QuickBooks Pavroll Service	Created by Payroll Services on 10/22/2008	Filds	0
Liability Check	11/12/2009		QuickBooks Pavroll Service	Created by Dayroll Senices on 11/00/2000	-1116	13,033.47
Liability Check	10/30/2009	ONLINE	Utah Retirement Systems	Unit No. 864 (OCT 2009)	-1175-	-14,827.50
Liability Check	10/30/2009	ONLINE	United States Treasury	FFT ACKNOWI FDGFMFNT NI IMBER: 270970300854396	FIG	10.700.1
Liability Check	10/30/2009	ONLINE	Utah State Tax Commission	Transaction Number: 212682110	TIGS	4,021.40
Liability Check	10/30/2009	ONLINE	Nationwide Retirement Solutions	Entity: 644013	ZPI T	1,681.40
Check	10/27/2009	VISA	Wells Fargo	Account Number: 4856 2002 0633 9635	FILE	-2,113.34
Check	10/27/2009	VISA	Wells Fardo	Account Number: 4856 2002 0000	Figo	-455.30
Check	10/27/2009	VISA	Wells Fardo	Account Number 4856 2002 0505	SPLIT-	-/82.94
Check	10/23/2009	5290	Karla Johnson	Mileage Deimburgement	-SPLII-	42.04
Check	10/23/2009	5291	Ken Bischoff	Mileage Neillouisement	-SPLII-	-330.00
:	10/23/2009	5202		Wilesage Reinbursement	-SPLII-	-96.00
S S S S S S S S S S S S S S S S S S S	10/23/2009	5202	Station Mail	Wileage Keimbursement	-SPLIT-	-150.00
7000	10/23/2009	5263	Steven wall	Expense Kelmbursement	-SPLIT-	-380.49
S S S S S S S S S S S S S S S S S S S	10/23/2009	9229	Gerald ness	Mileage Keimbursement	-SPLIT-	-35.20
Cleck	10/23/2009	2532	Kent Sundberg	Mileage Reimbursement	-SPLIT-	-49.50
2010	10/23/2009	2530	Steve write	Mileage Reimbursement	-SPLIT-	-33.00
Creek	10/23/2009	5297	James Eardley	Mileage Reimbursement	-SPLIT-	-330.00
Check	10/23/2009	5298	Kay Blackwell	Mileage Reimbursement	-SPLIT-	-198 00
Check	10/23/2009	5299	Wayne Smith	Mileage Reimbursement	-SPLIT-	-264 00
Check	10/23/2009	5300	Bruce Adams	Expense Reimbursement	-SPLIT-	-348 08
Check	10/23/2009	5301	Jerry Hurst	Mileage Reimbursement	-SPI IT.	49.50
Liability Check	10/23/2009	5302	Opticare of Utah	October Benefits	-Elles-	-82.30
Bill Pmt -Check	10/23/2009	5303	Arthur J. Gallagher & Co.	Invoice Number: 89323	Accounts Pavable MI	-3 410 00
Bill Pmt -Check	10/23/2009	5304	By The Numbers Actuarial Consulting, Inc.	Invoice Number: 2009-161	Accounts Payable MI	2,410.00
Bill Pmt -Check	10/23/2009	5305	Office Depot		Accounts Pavable MI	72,000.00
Bill Pmt -Check	10/23/2009	5306	Sandy's Kitchen, LLC	Invoice Number: 80	Accounts Pavable MI	127.97
Bill Pmt -Check	11/1/2009	5307	Western AgCredit	Invoice Number: 11-2009	Accounts Payable MI	10.288.00
Liability Check	11/10/2009	5308	Public Employees Health Program	Policy Number 1076 (MAR)	Pavroll Liabilities	1 342 08
Liability Check	11/10/2009	5309	Guardian	Group ID: 444718 (Nov)	-SPIT-	1,342.38
Liability Check	11/10/2009	5310	Public Employees Health Program	Policy Number 1076 (OCT)	SPIT-	6 393 10
Check	11/10/2009	5311	PEHP-LTD	Coverage Period: OCT 2009	SPIT-	25,393.10
Check	11/10/2009	5312	Ken Bischoff	Expense Reimbursement	-HIAS-	-340.20
Check	11/10/2009	5313	Brad Dee	Expense Reimbursement	-HIRS-	-371.20
Bill Pmt -Check	11/10/2009	5314	Christensen & Jensen	SWAP Speaker Expenses	Accounts Pavable MI	-337.40
Bill Pmt -Check	11/10/2009	5315	Larson & Rosenberger	Invoice Number: 45249	Accounts Pavable ML	-105 00
Bill Pmt -Check	11/10/2009	5316	Office Depot	Invoice Number: 494029085001	Accounts Payable ML	69'06-
Bill Pmt -Check	11/10/2009	5317	Paetec	Invoice Number: 9575859	Accounts Payable ML	-682.71
Bill Pmt -Check	11/10/2009	5318	Pitney Bowes, Inc.	Invoice Number: 982043	Accounts Payable ML	-192.62
Bill Pmt -Check	11/10/2009	5319	Revco Leasing Company, LLC	Invoice Number: 221681	Accounts Payable ML	-815.89
Bill Pmt -Check	11/10/2009	5320	Tri-Tel Communications, Inc.	Invoice Number: 147688	Accounts Payable ML	-104.00
Bill Pmt -Check	11/10/2009	5321	Tri-Tel Communications, Inc.	Invoice Number: 147726	Accounts Payable ML	-299.00
Bill Pmt -Check	11/10/2009	5322	Tri-Tel Communications, Inc.	Invoice Number: 147752	Accounts Payable ML	-524.12
Bill Pmt -Check	11/10/2009	5323	Tri-Tel Communications, Inc.	Invoice Number: 147814	Accounts Payable ML	-3,614.41
Total ML Expense						-81.151.62
WC Expense						
Bill Pmt -Check	10/23/2009	275	By The Numbers Actuarial Consulting, Inc.	Invoice Number: 2009-160	Accounts Payable MC	750 00
Bill Pmt -Check	11/10/2009	276	Mountain View Software	Invoice Number: 13892	Accounts Payable WC	-7.50.00
Total WC Expense						00 000
						-978.00

-82,129.62

		r

# Safety Program & Cost Control Guidebook



It's posted on your breakroom bulletin board, and it's mentioned in your employee manual...

"Our Company is committed to workplace safety."

But is your commitment written down in a company safety program?

An effective safety program can help prevent injuries, reduce costs and make a substantial contribution to your bottom line. The most effective safety program is one that is fully integrated into the way your company conducts its business. You should focus your safety program on the systems and processes that have the greatest potential to cause injury.

## Safety and Loss Prevention Department

phone: 801.288.8105

toll-free: 800.446.2667, ext. 8105.

fax: 801.288.8259

web: www.wcfgroup.com

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# **Table of Contents**

Safety Programs Save Big Bucks	1
<b>Getting Started</b>	5
1. Management Leadership & Commitment	(
2. Assignment of Responsibility	7
3. Hazard Identification & Control	8
4. Employee & Supervisor Training	g
5. Safety Incentives	10
6. Workplace Conditioning	12
7. Medical Assistance & Emergencies	13
8. Return to Work Programs	14
9. Accident & Incident Investigation	15
10. Accident Reporting & Recordkeeping Activities	16
Measuring the Progress	17
Key Loss Control Elements Self Rating Worksheet	19
Ten Step Written Program Check-Off Worksheet	20
Model Safety Program	21
Employee's Report of Accident	22
Supervisor's Report of Accident	23
Contact Directory	24

#### SAFETY PROGRAMS SAVE BIG BUCKS

A company with an effective safety program in place will have fewer accidents, which translates into lower net insurance costs through lower direct claims costs. This is illustrated by the following example:

#### **HOW ACCIDENTS AFFECT THE BOTTOM LINE**

COMPANY A	ESTIMATED PAYROLL	RATE PER \$100 OF PAYROLL	PREMIUM	
· ·	\$500,000	\$10	\$50,000	
EXPERIENCE MODIFIER		1.71	x 1.71	
TOTAL PREMIUM			\$85,500	
ADDITIONAL COST			\$35,500	

**NOTE:** Other debits may apply for the lack of a safety program, which fails to abate hazards and control accidents, further increasing total premium.

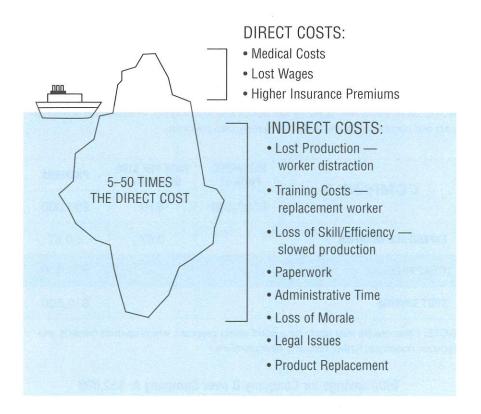
COMPANY B	ESTIMATED PAYROLL	RATE PER \$100 OF PAYROLL	PREMIUM
OOMI ANT B	\$500,000	\$10	\$50,000
EXPERIENCE MODIFIER		0.67	x 0.67
TOTAL PREMIUM			\$33,500
COST SAVINGS			\$16,500

**NOTE:** Other credits may apply for a good safety program, which controls hazards and reduces accidents, further reducing total premium.

Total savings for Company B over Company A: \$52,000

#### SAFETY PROGRAMS SAVE BIG BUCKS

Similar to the invisible portion of an iceberg, there are a number of indirect costs associated with accidents that are not as easily seen. These indirect costs have been estimated to be from **five to 50 times the size of the direct costs**. An effective safety program will mean less money is spent on things such as repairing damaged equipment, lost time to fill out accident reports, time/money spent on hiring and training replacement personnel and lost productivity/quality because less experienced employees replace key injured employees.



#### SAFETY PROGRAMS SAVE BIG BUCKS

Few employers understand the additional sales and productivity efforts required to make up for lost profits associated with accidents. The two following examples show how a company can calculate the revenues needed to maintain profit margins and cover the cost of accidents.

# CALCULATING HOW MUCH A COMPANY WOULD HAVE TO MAKE UP IN SALES TO PAY FOR A CLAIM:

#### 1. Using premium to calculate needed sales:

#### Losses versus Cost

Cost of insurance divided by % profit margin = amount of sales needed to pay for the claims. Example:

#### 2. Using injury cost to calculate needed sales:

Determine accident costs and choose an amount in the column "Total Injury Cost". Look at the "Profit Margin" columns and choose the profit margin. The box where the "Profit Margin" column and "Total Injury Cost" row meet is the additional revenue that must be produced to retain the profit margin. Example:

Total Injury Cost = \$10,000. Profit Margin = 3%. Gross Revenue Increases Required = \$333,000.

There must be \$333,000 in additional revenues to cover \$10,000 in accident and injury costs to maintain a 3% profit margin.

(see chart on next page)

#### **GROSS REVENUE INCREASES REQUIRED TO COVER INJURY COSTS**

TOTAL		PROFIT MARGIN						
INJURY COST	1%	3%	5%	10%				
\$1,000	100,000	33,000	20,000	10,000				
\$5,000	500,000	167,000	100,000	50,000				
\$10,000	1,000,000	333,000	200,000	100,000				
\$50,000	5,000,000	1,667,000	1,000,000	500,000				
\$100,000	10,000,000	3,333,000	2,000,000	1,000,000				
\$500,000	50,000,000	16,667,000	10,000,000	5,000,000				

Adapted from: H. W. Heinrich, Industrial Accident Prevention, First edition, McGraw-Hill, New York, 1931.

#### **GETTING STARTED**

Once your company, especially management, is committed to developing a safety program, the hardest part is getting started. It is important to realize that one generic safety program will not fit every company. Your company must develop a personalized program in order for you and your employees to have ownership and belief in it.

As you develop and write your program, emphasize how effective the program is in operation, not necessarily how well it is written. It is also important to obtain feedback and suggestions from every department in your company including your supervisors, your company doctor, and especially your employees. Be objective and open to recommendations from everyone. If employees have input into the program, they are more likely to support and adhere to it.

#### **INTEGRATED SAFETY PROGRAM COMPONENTS:**

- 1. Management Leadership & Commitment
- 2. Assignment of Responsibility
- 3. Hazard Identification & Control
- 4. Employee & Supervisor Training
- 5. Safety Incentives
- 6. Workplace Conditioning
- 7. Medical Assistance & Emergencies
- 8. Return to Work Programs
- 9. Accident & Incident Investigation
- 10. Accident Reporting & Recordkeeping Activities

#### 1. MANAGEMENT LEADERSHIP & COMMITMENT

Your employees will understand your management's true feelings by their example, regardless of what is posted on your bulletin board.

Be committed! Believe in safety! Believe that an effective safety program can help prevent injuries, reduce costs and make a positive contribution to the bottom line (check off as completed).

OOTIL	modifier to the pettern into (enest on as completed).
<u>√</u> E	Be committed!
	Prepare and sign a policy statement regarding management's position on employee safety, and post it where everyone can read it.
Memory and the	Call a meeting with all employees to discuss safety and health matters.
E	Establish company and department safety goals.
а	Review EPA, OSHA, MSHA, DOT, etc., statutory requirements that apply to the specific type of business, and, if necessary, request assistance from the Safety Department of WCF.
	Prepare a list of appropriate safety rules and requirements to govern work within the company.
	If the company owns or operates vehicles, implement vehicle safe- ty rules including a mandatory seat belt policy.
а	Require and document regular safety meetings with supervisors and employees. Members of senior management should attend meetings periodically.
F	Respond to employees' suggestions in a timely manner.
	Develop and implement a drug and alcohol-free workplace program that includes drug testing.

#### **GETTING STARTED**

Review hiring practices. Evaluate prospective employees' safety attitudes and knowledge in addition to job qualifications.	
Consider safety when evaluating an employee's or supervisor's overall job performance.	
Include job safety and health items in meetings with employees.	
Publicize accidents and "close calls" (without listing names) so other employees will be aware of the potential for injury.	
After initial efforts begin to succeed, implement a program for saf incentives and employee recognition.	ety
Develop and implement policies for responding to emergencies resulting from job related injuries, chronic medical conditions and natural disasters.	k
Recognize and acknowledge safe work practices. Discipline employees for safety violations as you would any other breach of company policy.	
Review the company safety program periodically and make changes where needed.	

#### 2. ASSIGNMENT OF RESPONSIBILITY

Each employee's safety and health must be a company's foremost value. The goals and objectives of the company should support this value.

#### **EMPLOYER RESPONSIBILITIES:**

\_\_\_ Assign a key member of management to be responsible for the company's safety program. Make certain the authority to do the job is equal to the responsibility. Provide the necessary training and resources to ensure success.

Assign first line supervisors the responsibility and accountability for safety in their regular work areas. Supervisors should have the responsibility and authority to develop safe work practices, correct physical hazards, train employees and enforce safety rules.

#### **EMPLOYEE RESPONSIBILITIES:**

- Accept responsibility for your own and your co-workers' safety on the job.
- Follow the employer's safety and health policies. Identify and help control hazards in your immediate work area.
- \_\_\_ Do not undertake a job that appears unsafe.
- Immediately report all unsafe conditions to your supervisor.
- Use required safety devices and proper personal protective safety equipment (PPE).
- \_\_\_ Report all accidents to your supervisor prior to the end of the shift.

#### 3. HAZARD INDENTIFICATION & CONTROL

A hazard identification and control program helps prevent accidents, injuries and associated costs, such as downtime and retraining. Develop a program to help your people recognize hazards and unsafe conditions, equipment, processes, behavior, etc.

- \_\_ Review your operations for hazards that are inherent in the work such as mobile equipment movement, toxic chemicals, paper cuts, heavy object weight and hot equipment.
- Review operations for anything that may cause an accident or injury such as faulty equipment, not following procedures, emergencies and poor housekeeping.

#### **GETTING STARTED**

- List the hazards and determine who is qualified to train and how to best present hazard awareness prevention information to your employees.
- Clearly define all hazards and develop methods to eliminate or control the hazards.
- What methods will be used to protect employees from the hazard:
  - ENGINEERING
  - SUBSTITUTION
  - ADMINISTRATIVE
  - PPE

#### 4. EMPLOYEE & SUPERVISOR TRAINING

- During orientation, train employees how to deal with emergencies, basic job hazards, how to report hazards and other items.
- Develop risk-specific programs and training required by state and federal law, such as hazard communication, hearing conservation, lockout/tagout, confined space entry, bloodborne pathogens, motor vehicle restraints, forklift operation, heavy equipment operation and fall protection. The required training should be conducted at hire and repeated as necessary.
- Evaluate hazard control effectiveness. Make adjustments as needed.
- As permitted by the Americans with Disabilities Act, assess new and current employees to ensure their abilities meet the job requirements so any unnecessary risk of stress/fatigue is minimized.

Provide ongoing training to reinforce, refresh, provide new information, and keep hazard awareness high.
 Provide ongoing training with periodic safety meetings, safety surveys and inspections, verbal reminders, refresher training classes and spot inspections.
 Provide additional training for supervisors in hazard recognition and control methods, identification of safe and unsafe work practices, and how to conduct a job safety analysis.
 Document all training activities.
 Employees should be trained how to properly use the personal protective equipment required for their job, along with the limitations of the equipment.

#### **5. SAFETY INCENTIVES**

Safety incentive programs are used to keep safety awareness and hazard recognition at a high level. Keeping this level high helps to decrease accident rates and associated costs. Incentive programs may be set up to reward an individual, a group or both. Rewarding groups helps create "team safety" in which group members watch out for each other.

Define your goals. Determine what you want to accomplish such as increasing safety meeting attendance or reducing recordable injuries. Find a baseline, and set specific numbers to be reached. Put goals in writing.

#### **GETTING STARTED**

1	Solicit input and suggestions from employees. This helps gain support for the program.
	Outline the plan. Decide before hand:
	Whom to include
	<ul> <li>How to administer the program</li> </ul>
	• What the incentives will be
	What your time frame is
	How to monitor progress
	How to introduce the program
	Check and re-check the costs and time involved. The plan should encourage and reward safe work practices. All who qualify should be recognized.
<u> </u>	Choose an incentive. Incentives could include items such as mugs, hats, shirts, etc., or drawings for prizes, pizza parties, bonuses, gift certificates or whatever your imagination suggests.
-	Publicize your program. Pick a start date and inform participants in advance. Use the start date to re-emphasize your commitment to safety.
	Regularly review the results and let participants know what is happening with efforts to reach goals.
	Adjust the program as needed. Different incentives may be needed to refresh the program. Goals and time periods may need to be adjusted.

#### 6. WORKPLACE CONDITIONING

Strains and sprains are among the most common causes of lost work time and high workers compensation claims costs. The impact can be felt for years.

#### STEPS FOR IMPLEMENTING A WORKPLACE CONDITIONING PROGRAM

- 1. Identify the muscle groups/joints at highest risk.
  - Review injury history for trends (back, shoulders, etc.).
  - Evaluate work tasks for greatest injury potential, i.e., heavy weights, high repetitions, lifting, carrying, pulling, pushing, extended reaches, etc.
- 2. Develop a conditioning routine including:
  - General--whole-body warm up.
  - Specific higher risk muscle/joint area warm ups and stretches.
- Survey employees for needful modifications of the conditioning routines (individual employees' physicians or therapists may offer appropriate alternative warm ups or stretches).
- 4. Assign groups/group leaders and instruct leaders in proper conditioning routines, techniques, times of sessions, etc.

#### PREVENTION TIPS:

No one is immune to sprains and strains, but here are some tips developed by the American Academy of Orthopedic Surgeons to help reduce your injury risk:

\_\_\_ Warm up before any moderate to strenuous activity.

#### **GETTING STARTED**

Participate in a workplace conditioning program to build muscle strength.
Do appropriate warm ups and stretches daily.
Always wear properly fitting shoes.
Nourish your muscles by eating a well-balanced diet.

#### 7. MEDICAL ASSISTANCE & EMERGENCIES

All companies should have emergency medical procedures and designated providers for handling injury accidents. A Return to Work program should be in place to minimize the amount of time employees are away from work due to occupational injuries.

Inform	employees	of the	designated	medical	provider	policy.
 111101111	or inproject	01 1110	accignated	111001001	P. O G. O.	P

 Written plans should be developed to deal with natural disasters
such as a flood, earthquake, severe snowstorm or high wind. If
flammables or chemicals are used in the workplace, emergency
procedures should include spill response in addition to planning for
a fire emergency. Any employees required to perform emergency
response duties should be properly trained.

 Require 6	employees	to report	injuries	and	accidents,	no matter	how
minor, to	their supe	rvisor pri	or to the	end	of the shift	t.	

 Provisions should be made to deal with medical emergencies arising
from an employee's personal medical situation, such as a heart
condition, epilepsy, diabetes or prescription drug reaction.

Maintain well-stocked first aid supplies and eye wash stations. If employees are to be designated first responders, first aid and CPR training should be provided.

#### 8. RETURN TO WORK PROGRAMS

Every safety program should include a Return to Work (RTW) program. RTW programs provide loss prevention and benefits for both the company and the employees. Benefits include lower workers compensation costs\*, a decrease in employee time away from the job, an increase in employee morale, an improvement in overall productivity, an enhancement of company image, etc. Elements of RTW programs include:

\*NCCI discounts medical-only claims - resulting in a lower experience modifier.

Assigning	someone	to	oversee	the	program
Assigning	3011100110	LO	0 401000	LITO	program

- Writing a policy statement describing RTW as a benefit that the company provides whenever possible, and that employees have a responsibility to accept transitional duty upon being given a restricted work release from a doctor.
- Publicizing the policy at orientation and to all employees.
- Reviewing current work assignments and job descriptions to see which might be considered transitional duty possibilities. Further review might be necessary at the time you receive a restricted work release from the doctor.
- \_\_\_ Determining wage levels for transitional duty.
- Contacting medical providers to let them know RTW is available at your company.
- \_\_\_ Assisting medical providers to determine work availability and what

#### **GETTING STARTED**

transitional duty can be arranged if needed.

Providing daily contact with the recovering employee to help determine readiness for transitional duty, or full return to work with a work release from the medical provider.

\_\_\_ Keeping a record of all efforts and contacts with and on behalf of the recovering employee.

\_\_\_ Review the RTW program with legal council.

#### 9. ACCIDENT & INCIDENT INVESTIGATION

Employees should be required to report all close calls, incidents and injuries, no matter how minor, to their supervisor prior to the end of the shift.

Establish procedures for the key safety person to immediately investigate all "near-miss," property damage, and injury accidents or incidents. This is fact-finding, not fault finding.

\_\_\_ The investigations should determine the who, what, when, where, why and how of the incident.

\_\_\_ Document findings and communicate the pertinent details of the incident or accident to all employees.

Specific corrective actions should be taken to prevent a reoccurrence. A follow-up review should be conducted to ensure corrective actions have been effective. Ensure employees understand any corrective actions.

\_\_\_ Analyze accident/investigative reports to identify trends and the need for safety program improvements.

See pages 22 and 23 for samples of Investigation Forms

#### 10. ACCIDENT REPORTING & RECORDKEEPING ACTIVITIES

Promptly complete and transmit the Employer's First Report of Injury form to Workers Compensation Fund, using one of the following methods.

WCF Web Page: www.wcfgroup.com

 First Report of Injury Hotline: 801.288.8285 or toll free: 800.561.8008

• Fax to: 801.288.8275

 Mail to: Workers Compensation Fund 392 East 6400 South Salt Lake City, UT 84107

Maintain up-to-date reports of all accidents and incidents, including	j
follow-up and closeout information.	

- Complete and maintain an OSHA 300 Log of Recordable Injuries if your company has more than 10 employees (this can be done via our Web site, www.wcfgroup.com). Post the 300A summary page each year beginning February 1st through April 30th.
- Maintain safety inspections and maintenance logs required for your operations such as overhead cranes, mobile cranes, scaffold, forklifts, respiratory protective equipment, etc.
- Complete and review self-inspections to insure that hazards identified are promptly corrected.
- Maintain records of all safety meetings and training sessions, including topics covered and those employees in attendance.

#### MEASURING THE PROGRESS

Once a program has been implemented, its effectiveness can be measured.

Two formulas that can be used to do this are the total recordable case rate and the case rate of days of restricted work activity or job transfer (DART). All OSHA recordable injuries and illnesses are used to calculate the total recordable case rate. Only injuries and illnesses involving OSHA lost workdays, restricted days of work, or job transfer are used to calculate the DART.

Restricted days of work are days when the employee is unable to perform his/her normal job duties over a normal work shift, even though the employee is able to continue working. The day the injury occurs or illness begins is not counted.

Rates can be calculated for any time period, but are usually done for a 12-month period of time to allow comparisons to be made.

#### To calculate the Total Recordable Case Rate:

- 1. Determine what 12-month period of time will be evaluated.
- Divide the total number of all recordable injuries and illnesses by the total number of employee hours worked during that same period.
- 3. Multiply the result by 200,000

Multiplying by 200,000 produces a rate equivalent to 100 employees, working 40 hours a week, 50 weeks a year.

#### Total Recordable Case Rate =

Total injuries + Total Illnesses

x 200,000

Employee Hours Worked

#### MEASURING THE PROGRESS

#### To calculate the DART Rate:

- 1. Determine what 12-month period of time will be evaluated.
- 2. Divide the total number of cases involving days away from work plus cases involving job transfer or restricted work days by the total number of employee hours worked during the same time period.
- 3. Multiply the result by 200,000.

#### DART Rate =

Tracking the recordable case rate and the DART rate on a yearly or monthly basis will help measure the effectiveness of a company's safety program. Careful analysis of accident information can indicate where problems might occur such as by shift, process, department, or supervisor. The ultimate goal is **ZERO** injuries.

If the ten basic elements of this **Safety Program & Cost Control Guidebook** for employers are adopted and vigorously enforced, your company will reduce the number of accidents in the workplace.

#### **KEY LOSS CONTROL WORKSHEET**

	YES	NO	NEEDS IMPROVEMENT
Top management commitment			
Loss control responsibilities assigned			
Standardized hiring policies & procedures			
Written health & safety program			
Active safety & loss control committee			
Enforced safety rules & work practices			
Job-specific safety training (language specific)			
Planned, systematic safety audits			
Thorough accident investigations			
Claims management policies & procedures			
Return to Work program			
Ongoing recordkeeping & data analysis			
Designated medical providers			
Substance abuse prevention & testing policy			
On & off the job conditioning/wellness program			
Effective training			
Supervisor accountability			
Driver safety			

A "No" answer requires corrective action.

#### TEN STEP PROGRAM CHECK-OFF WORKSHEET

TEN STEP WRITTEN PROGRAM CHECK-OFF WORKSHEET			
	DATE COMPLETED	NEXT REVIEW DATE	
Review Date			
Management Leadership			
Assignment of Responsibility			
Hazard Identification & Control			
Employee & Supervisor Training			
Safety Incentives			
Workplace Conditioning			
Medical Assistance & Emergencies			
Return to Work			
Accident and Incident Investigation			
Accident Reporting & Recordkeeping Activities			

Chart your company's progress developing a safety program

#### **MODEL SAFETY PROGRAM**

WCF's Safety and Loss Prevention Department can help you achieve your workplace safety goals. Our safety representatives have diverse backgrounds and expertise to meet the varied challenges of your industry. Our programs and services are part of your benefits as a WCF customer. Most services are at no cost, but some may include fees for labs, equipment rental, etc. A safety representative can help you with:

#### **Hazard Recognition & Evaluation:**

Safety representatives can help you pinpoint unsafe conditions before a loss occurs.

#### **Safety Training:**

A safety representative can assist you with safety training, both at WCF and at your workplace. Check our Web site (www.wcfgroup.com) for a current list of training seminars.

#### Safety Program Development Assistance:

A safety representative can provide assistance in safety program development. We can help you with a variety of programs, including OSHA required programs.

#### Safety Meeting Material:

Safety meetings are important and necessary to convey safety information to your employees. Safety topics are available on the WCF Web site (www.wcfgroup.com). Free safety pamphlets on numerous topics are available by calling 801.288.8105, or 1.800.446.2667, ext. 8105.

#### Contact Us:

Feel free to let us know what you need help with, from specific problems to feedback on your safety programs. Call the WCF Safety Department at 801.288.8105, or 1.800.446.2667, ext. 8105. Please have your company name and policy number ready.

#### Visit us online at www.wcfgroup.com:

Find safety seminar information, safety and health links and more.

#### **EMPLOYEE'S REPORT OF ACCIDENT**

Employee's Name:	Age:	Sex:
Job Position/Title:	SSN:	
Shift Hours: Days Off:	Supervisor's Na	me:
Date of Accident: Time of Accident	dent: Location	
Task being performed when accident occ	curred:	
Date accident reported:	Time accident reporter	d:
Person accident reported to:		
Name(s) of witness(es):		
Describe how the accident occurred:		
What part of the body was injured?		
Describe the injury in detail:		
Date and time medical attention was firs	1973)	
Name of doctor and hospital:		
Can anything be done to prevent accide	ents of this type? If so,	what?
Employee Signature:	[	)ate:

#### SUPERVISOR'S REPORT OF ACCIDENT

Injured Employee's Name:		_ Age:	_ Sex:
Job Position/Title:	SSN:		
Shift Hours:	Days Off:		
Date of Accident:	Time of Accident:	_ Location:	
Task being performed whe	n accident occurred:		
Date accident reported:	Time accid	ent reported	:
Person accident reported t	to:		
Name(s) of witness(es):			
Describe how the accident	t occurred:		
What part of the body was			
Describe the injury in detai	il:		
Date and time medical atte	ention was first sought:		
Name of doctor and hospit	tal:	*	
Can anything be done to p	prevent accidents of this ty	pe? If so, wl	hat?
Supervisor Signature:		Da	te:

#### **CONTACT DIRECTORY**

#### **Workers Compensation Fund**

392 East 6400 South

Salt Lake City, Utah 84107

phone: 801.288.8000 / 1.800.446.COMP (2667)

web: www.wcfgroup.com

#### Workers Compensation Fund - Ogden Branch

4723 South Harrison Boulevard, Suite 201

Ogden, Utah 84403 phone: 1.800.611.4550

#### Workers Compensation Fund - St. George Branch

134 North 200 East, Suite 101

St. George, Utah 84770 phone: 1.800.324.9470

#### **WCF Customer Service**

phone: 801.288.8000 / 1.800.446.COMP (2667)

fax: 801.288.8167

#### **WCF New Claims Reporting**

phone: 801.288.8285 / 1.800.561.8008

fax: 801.288.8275

#### **WCF Fraud Hotline**

phone: 801.288.8140 / 1.800.446.COMP (2667)

#### **Utah Labor Commission**

phone: 801.530.6800 / 1.800.222.1238

fax: 801.530.6804

#### **WORKERS COMPENSATION FUND**

#### Salt Lake

392 East 6400 South Salt Lake City, UT 84107

phone: 801.288.8000 toll free: 1.800.446.2667

#### Ogden

1186 East 4600 South, Suite 400 Ogden, Utah 84403

phone: 801.476.2400 toll free: 1.800.611.4550

#### St. George

134 North 200 East, Suite 10° St. George, Utah 84770

phone: 435.652.5000 toll free: 1.800.324.9470

www.wcfgroup.com



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Peggy J. Larsen Senior Vice President, Chief Marketing Officer



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President, Senior Vice President,
Counsel Chief Information Officer



Robert H. Short Senior Vice President, Chief Claims Officer



Scott E. Westra Senior Vice President, Chief Financial Officer

Dear Policyholders and Friends,

2008 was a year of significant change. As a country, we witnessed a historic transition of presidential leadership. Utah, like the rest of the nation, moved abruptly from a period of robust economic growth to an era of economic challenge. At WCF we also experienced several noteworthy changes.

In June, WCF's former President and Chief Executive Officer, Lane A. Summerhays, retired. Many positive and remarkable improvements occurred during his sixteen-year tenure at WCF. We express sincere thanks for his service to our Company and the community. With the guidance of our Board of Directors and support from our employees, agents and policyholders, we've had a smooth transition in leadership.

In May, the AM Best Company, the premier rating agency for insurance companies, upgraded WCF's financial strength rating to an "A (Excellent)." This is a reflection of WCF's "superior capitalization, strong operating performance, . . . dominant position in the Utah workers compensation market . . . experienced management team, unparalleled local presence and excellent reputation among Utah policyholders for its high level of service and profit sharing." WCF is the only Utah-domiciled workers compensation carrier to be rated "A" by AM Best.

In June, WCF paid policyholder dividends of nearly \$15 million. All eligible policyholders shared in this dividend of approximately 5.75% of 2007 earned premiums. WCF has paid a policyholder dividend in every year since 1990, totaling more than \$314 million.

Although Utah has fared better than most states, we have still experienced a significant increase in unemployment and a reduction in payrolls. Fortunately, we enjoy a very diverse state economy, a fiscally sound government and a strong work ethic. These characteristics have positioned the state well to weather the current economic recession. WCF remains committed to do its part by keeping workplaces safe and premiums low and stable.

WCF has maintained a conservative investment philosophy. We have invested our assets prudently so that the Company will have the financial strength to meet its obligations in the future. WCF has not invested in the types of securities that have disrupted the financial markets. The Company has a portion of its assets invested in the equity markets, which performed poorly last year. In 2008, the Company recognized \$75 million in realized losses and impairments to value. While WCF earned an underwriting gain in 2008, these investment losses contributed to a net loss of just under \$20 million for the year. We are pleased to report that, even with this net loss for 2008, the Company remains very well capitalized and financially sound. WCF's capital strength remains unimpaired.

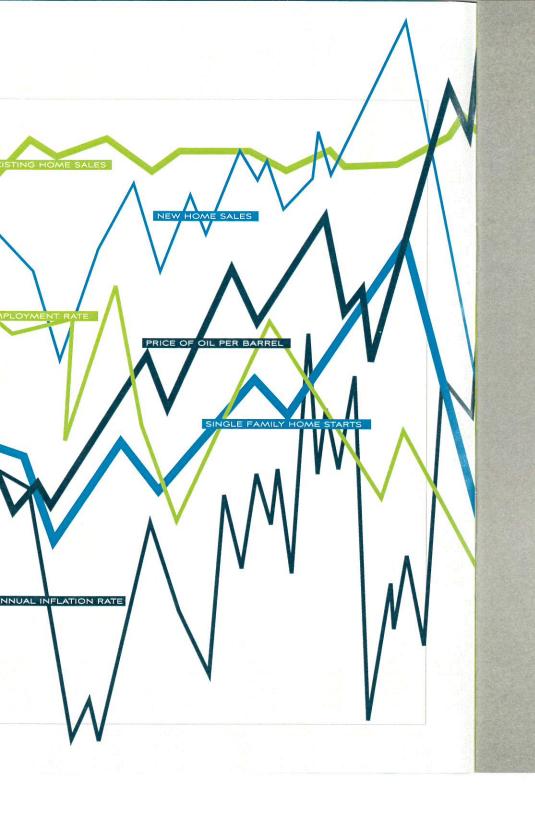
We take pride in providing our policyholders and injured workers with excellent service. We continue to pursue innovative solutions to prevent accidents and enable quality outcomes when injuries happen. We appreciate the continued support of our policyholders and employees and we commit to being a safe, secure, and stable partner.

RayPiler

Ray D. Pickup President & CEC

Any DMyrice

Robert D. Myrick



IN A TIME OF ECONOMIC

TURBULENCE, IT'S VITAL

TO KNOW HOW TO READ

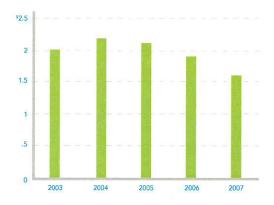
BETWEEN THE LINES.

#### IUM RATES

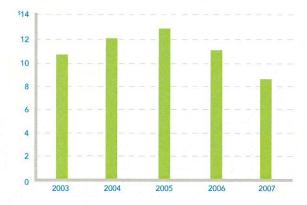
#### STATES WITH THE LOWEST WORKERS COMPENSATION COMPARATIVE COSTS\*

1	UTAH	
2	ARIZONA	
3	INDIANA	
4	OREGON	
5	ARKANSAS	

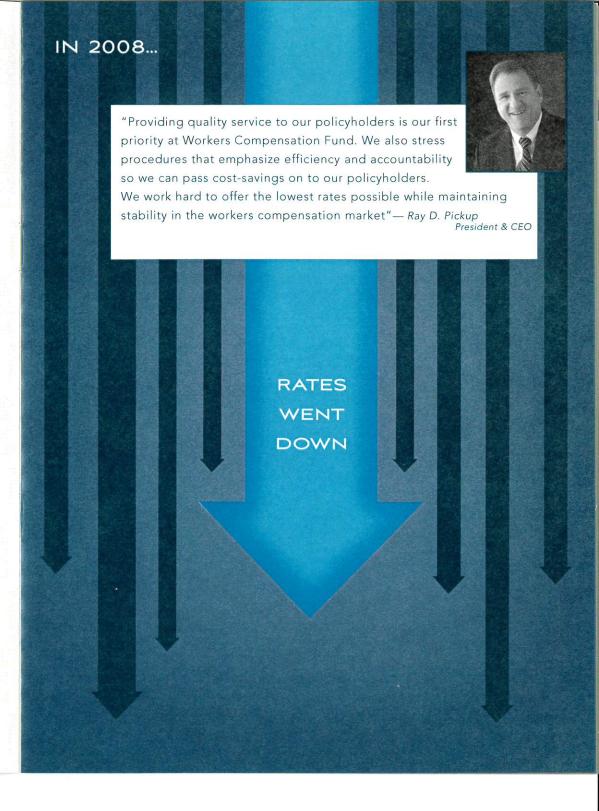
#### **RESTAURANT - FULL SERVICE RATE**



#### TRUCKING - LONG HAUL RATE



ers Compensation Rankings, Manufacturing Industry Costs and Statutory Benefits Provisions, 2008 Edition



## \$15 MILLION DIVIDEND

Workers Compensation Fund distributed a policyholder dividend of \$15 million in 2008. The dividend went to a majority of policyholders, each receiving approximately 5.75 percent of their earned premium attributable to the 2007 calendar year.

Dividends benefit a majority of Utah businesses. WCF has returned more than \$314 million in dividends to its policyholders since 1990.

VCF prices its business to be competitive in the marketplace and then pays policyholder dividends if underwriting results or investment results are better than expected.

IN 2008...



"WCF is owned by its policyholders. As owners of the Company,

WCF's policyholders share in the Company's financial success when dividends are declared and paid. Since 1990, WCF has paid policyholder dividends totalling \$314 million dollars."

— Dennis V. Lloyd Chief Legal Counsel



#### FINANCIAL STRENGTH RATING

n 2008, the premier rating agency for insurance companies, A.M. Best Company, upgraded Workers Compensation fund's financial strength rating to an A (Excellent).

"The rating reflects Workers Compensation Fund's strong capitalization, conservative operating philosophy and dominant position in the Utah workers compensation market. The rating further acknowledges the company's experienced management team, unparalleled local presence and excellent reputation among Utah policyholders for its high level of service and profit sharing. These positive attributes are driven by WCF's adherence to sound underwriting principles, aggressive claims management, effective loss control services and conservative investment guidelines."

— A.M. Best, April 8, 2009

FINANCIAL
STRENGTH
RATING
WAS
UPGRADED

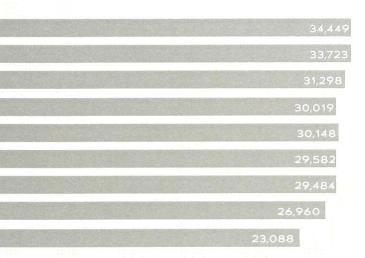
"To ensure we are always able to meet our financial obligations, WCF's investments have consistently been conservative. We feel it's the only responsible way of doing business. Our cautious outlook has served us well in these times of economic turbulence."

— Scott E. Westra Chief Financial Officer

#### TIES BY ACCIDENT YEAR



#### TED ULTIMATE NUMBER OF CLAIMS



#### IN 2008...

"Workplace safety requires constant education, awareness and attention. Our goal is to provide policyholders with resources and solutions to guarantee their employees return home safely."



— Dan M. Hair Chief Safety & Underwriting Officer

WORKPLACE ACCIDENTS DECREASED

## 

Very

Unfavorable

Heard Of/

No Opinion

Never

Heard Of

Somewhat

Favorable

Somewhat

Unfavorable

# YHOLDER SATISFACTION WITH WCF 2003 2006 2008 Somewhat Somewhat Stisfied Satisfied Don't Know Satisfied

IN 2008... SATISFACTION RATES

SATISFACTION REPRENTES "We continually seek out customer feedback with the help of surveys, focus groups, and customer advisory panels. Acting on policyholder suggestions is an important element of our companywide effort to improve our quality of service." — Peggy J. Larsen Chief Marketing Officer

IN 2008...

## FRAUDULENT BEHAVIOR CONTINUED TO BE AGGRESSIVELY PURSUED

"When employees commit workers compensation fraud, the cost of doing business automatically rises, which can unfairly lead to reduced

benefits for working employees. At WCF, we are continually increasing efforts to combat fraud by investigating and seeking prosecutions of those who try to abuse the system."

 Robert H. Short Chief Claims Officer



#### DINVESTIGATIONS

666

648

573

667

732

756

#### D SAVINGS

\$5,363,387

\$5,718,917

\$9,664,346

\$6,544,079

\$5,874,087

3,074,007

\$5,589419

#### RRALS TO PROSECUTORS

60

35

53

55

54

50

#### E BOTTOM LINE

're here to help keep the

### arket stable, ur workers safe

your workers compensation

surance affordable.

#### FINANCIAL HIGHLIGHTS

YEAR END DECEMBER 31,	2008	2007
( in thousands )		
Premiums earned, net of reinsurance	\$ 244,845	\$ 297,632
Underwriting gain	12,835	33,647
Net investment income	59,445	57,376
Realized capital gains (losses) on investments	(15,230)	43,903
Impairment losses on Investments	(60,167)	(3,137
Policyholder dividends	14,767	46,708
Net income (loss)	(19,610)	83,763
YEAR END DECEMBER 31,	2008	2007
Early Section 1		Justi A
Loss and loss adjustment expense ratio	72.2	68.7
Expense ratio	22.6	20.0
Combined ratio (excluding dividends)	94.8	88.7
Dividend Ratio	6.0	15.7
DECEMBER 31,	2008	2007
( in thousands )		
Admitted assets	\$ 1,379,082	\$ 1,392,009
Cash and invested assets	1,344,539	1,354,651
Reserve for losses and loss adjustment expenses	862,695	831,468
Policyholders' surplus	460,507	497,717



Vorkers Compensation Fund 92 East 6400 South alt Lake City, Utah 84107

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